IARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

-					
	Reg.	Dist.	No.	 10	

County County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	(For newborn infahts give residence of mother) State County Coun
Hospital, institution, or street address where death occurred:	Sireet No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
headere Mulach (i	Treemen 1208-09-1861
Hale Hule Married, widowed, or diversed	MEDICAL CERTIFICATION DEcember 312 1945 21 6:30 A
8.(b) Name of husband or wife and and Caralana Lande	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of	and that last saw h. Lu alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death OCaractes OURATION
63 1881 132 /2 hrs	with an onocioled vasculor 59 laws
9. Birthplace Management (Town, county, and state)	Due to. Jby purturaion
10. Usual occupation.	Oue to.
11. Industry or business 12. Name 13. Birthpiace	Other conditions From cheel as these hoyes
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name //	(include pregnancy within 3 months of death) Major findings of operations
S 15. Birthplace	
16. Informant Sheating Christian	Aotopsy results
Address M. Dange M.	22. VIOLENCE: It death was due to external causes, fill in the following;
17. (Burial, cremation, or removal. Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory I standard to	Where did injury occur? (City or town) (County) (State)
Location Distriction Distriction	Injured at home, farm, Industry, public place (where?)
18. Funeral director act of the state of the	Means of injury Injured at work?
Address Frestlung Ind.	23. SIGNATURE William E. Missely M.D.
19. (Date ree'd by registrar) (Date ree'd by registrar) Registrar	Address Mr Dovage Wed. Date signed 2-46

JAN 8 1946 BUREAU V.B. MARGIN RESERVED FOR BINDING

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

		- (

CENTIFICA	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Zd County Hilegany	
How long in above place of death? 35 4CO/3	City or town (If outside city or town limits, write RURAL end give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 467 Baltimare Hre.	
How long in hospital or institution?	2.(a) If yeteran, name war.	
3. (a) FULL NAME Trs. Daisy Mac "George" A	fordrews 3. (b) Socjal Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20 DATE DE DEATH	
6.(b) Name of husband or wife Matthew Andrews	21. I CERTIFY that death occurred on the date above stated; that 1 at ended deceased from	
7. Birth date of deceased (mo., day, yr.) April 16, 1882	printhat I last saw he Calive on Sec 3 18 4 9	
8. AGE: Years Months Days If less than one day	Immediate court of death DURATION	
63 7 17hrsmin.	(Juliumury Tubuculosis / just	
9. Birthplace Barton, Allegan, Md. (Town, founty) and state)	Due to	
1D. Usual occupation. Housewife 11. Industry or business Ong home	Due to	
12. Name Theopolis George 13. Birthplace England	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Hary Gaxten 15. Birthplace England	Major findings of operations. Date of op.	
18. Interment Was traffined Hath	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Comphentand, Used. 17 Burial Brand Recomper 6 1945	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof Research 6 1945 (month) (day) (year)	Where did injury occur?	
Location Comberload, Md.	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)	
18. Funeral director folias to 14 fee	Means of tnjury Injured at work?	
Address Cuspebuland, and	23. SIGNATURE . It C/revasking M.D.	
19. Dec 5 19 45 Joo. F. Thanklin, M. Hegistrar	Addres weekerland md Date signed the 5-45	

DEC 14 1945 BUREAU V.S.

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2411 N. Charles St., Baltimore 97

CEDTIFICATE OF DEATH

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Park.	Reg
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CERTIFICA	IE OF DEATH Reg. Dist. N	lo
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occupied:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give realdence of mother) State	
	2.(u) II veteran, name war	***************************************
3. (a) FULL NAME John Frederick	appel 3. (b) Social Section 3. (c)	curity Number
4. Sex M (S. Color or sace) 6.(a) Single, married, wildowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. SCENES 15. 194.	N 15 12,15 P.
6.(b) Name of husband or wife. Minnie a. Officel 7. Birth date of 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that J attende	15, 1945
deceased (mo., day, yr.) april 14, 1861	Immediate canse of death	
8. AGE: Years Months Days It less than one daymin.	arterio relevoras	5 yss.
9. Birthplace Lettle Osleans allegany Con mf.	Due to	***************************************
1D. Usual occupation. Carfields		,0000000000000000000000000000000000000
11. Industry or business Leveral Conference work	Due to	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12. Name Neury appel	Dther conditions	
2 13. Birthplace United Stales	(Include pregnancy within 8 months of death)	
14. Maiden name Sarmah Slides 15. Birthplace Lown Nill Manyland	Major findings of operations.	
15. Birthplace Lown / Sill Manylous		
18. Interment Meson a. appel	Antensy results	*****************************
Address delle Olesus Mo.		
17. Burial, cremation, or removal. Which?) Date thereof. Jac. 18, 1945 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory dettle Orlesso Constary	Where did injury occur? (City or town) (County)	
Location Alle Weaux md:	tnjured at home, farm, Industry, public place (where?)	
18. Funeral director Suyden - Roullond Jumal Hon	Means of Injury tojured at work	(7
Address Hancock, md.	23. SIGNATURE & a. Walso.	~m.s
19 Dec 16 (Date ree'd by registrar) 19 4.5 7.7 Mann per M. E. Mann Registrar	Address Little Ocleany md. Date si	M. D. or other 12/15/45

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore 37-6

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Cumberland Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Allegany City or town Cumberland (If outside car or town limits, write RURAL and give nearest town)
How long in above place of dealh? Hospital, Institution, or street address where death occurred: Memorial Hospital	Street No. 300 I.a. n.a. A WENLE (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME NELSON	3. (b) Social Security Number
Mr. Lewis Bailey	MEDICAL CERTIFICATION
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
Male White Married	20, DATE DE DEATH December 30, 19.45, al 4:35P. M
6.(b) Name of husband or wife. Julia Poils Johnson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-2-19.45.
7. Birth date of	and that I last saw harman alive on 1.2.70 194.5
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months / Days If less than one day 74 3 2 hrsmin.	Carcinoma produe!
9. Birthplace	Due to
10. Usual occupation Retired B&O Fireman	
11. Industry or business	Due to
John Bailey 13. Sirthplace Maryland	Dither conditions Arteriosclerosis
	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth Custer 15. Birthplace West Virginia	Major findings of operations
16 Informati Memorial Hospital	Anioney results
Address Cumberland, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Barrial (Burial, cremation, or removal, Which?) Cemetery or crematory Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
1 1 this 9	Means of injury injury at work?
Address Combesling Md.	23. SIGNATURE Thursday Tolson mul
19 Jan 2 19 46 J. C. Clauplin M. A. (Bate rec'd by registrar) Registrar	Address Cumberland Ma Date signed 12-31-45

PLEAST WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The equivalent is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING

JAN 4 1946
BUREAU V &

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			4	1	
Reg.	Dist.	No.	 7	,	

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County			
Cily or town			State Maryland county Allegany
		50 Years	City or town Curiberland (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or	street address where de	eath occurred:	Street No. 107 a Columbia St
Alleg	any County	Infirmary	(If rural, give LOCATION)
How long in hospital or	r tastilution?	28. Months	2.(a) If veteran, name war
3. (a) FULL NAM	E		3. (b) Social Security Number
	Jan	nes Barnhill	None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Male	White	Widowed	20. DATE OF DEATH December 26 19.45 217-50
e (b) Name of husband	Th.	eresa Barnhill	21. I CERTIEX that death occurred on the date above stated; that I attended deceased from
			aus: 24 18 43 10 12 - 26,4
7. Birth date of		6.(c) If alive, give ageyea	and that I tast saw h
deceased (mo., day,)		February 22 1850	Immediate ranse of death DURATION
8. AGE: Years	Months	Days If less than one day	Cleveraly .
95	10	4hrsmir	Osterio Delle son
9. Birthplace	Scotla	nd ounty, and state)	Due to
			Supply that of
10. Usual occupation		ed Janitor	Due to. Due to.
11. Industry or busines	s Star	Dye Works	
12. Name	James Ba	rnhill	Dther conditions
	Scotl	and	
14. Malden name.	Mary	Browning	(Include pregnancy within 3 months of death)
EO9		otland	Major findings of operations.
			- Date of op.
	Mrs. Rober		Antopsy results
Address	107. Columb	ia St, Cumberland, Id.	
17 Tan	rial	Date thereof 12/29/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	rial, or removal. Which?)		
Cemelery or cremato	St. I	Patricks Cenetery	Where did injury occur?
Location		Cumberland, Md.	tnjured at home, farm, industry, public place (where?)
18. Funeral director. William H. Kight			Meens of injury Injured at work?
Address _	Cumbe	erland, Id.	WI Him!
1. 1	1.0	Q D He bli m	23. SIGNATURE M. D-or other
19. (Date rec'd by re	2 / 1945	J. F. Saukeuu, M. D. Registra	(Marile & a.) 121.
- (Date rec u ny re	gistial)	. Registra	Address Date signed

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 3 1946

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their Corporate Limite MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 159 CERTIFICATE OF DEATH Reg. Diat. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County allegane (For newborn infants give residence of mother) information carefully. The of death clearly and legible County allegas State... (If outside city or town limits, write RURAL and give nearest town) City or town. How long in above place of death?..... outside city on town limits, write RURAL and give nearest town Hospilal, Institution, or Free address where death occurred (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Beckman MEDICAL CERTIFICATION item of i FOR BINDING 20. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated+ that I attended deceased from every it 6.(b) Name of husband or wife6.(c) if alive, give age 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death Months Days If less than one day 8. AGE: Years RESERVED

15. Birthplace Address

200 18 Date thereof. (Burial, cremation, or removal. Which? (month) (day) (year)

16. Funeral director

Mesns of injury injured at work? 23. SIGNATURE M. D. or other

(Include pregnancy within 3 months of death)

Major findings of operations.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(State)

22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide.....

Where did Injury occur?

(City or town) (County) injured at home, farm, industry, public place (where?) ..

.Date stgned.

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ADING INK. Physicians: pl

important.

PLAINLY, 1 is especially

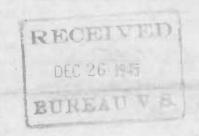
WRITE

10. Usual occupation. 11. industry or business

13. Birthplace

14. Malden name LO. C.

(Date rec'd by registrar)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

MARGIN RESERVED

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

7710

e.	Reg.	Di

Reg. Dist. No
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
state Maryland county Allegany
City or town. (If outside city or town finits, write RURAL and give nearest town)
Street No
2.(a) If veteran, name war
3. (b) Social Security Number
More
MEDICAL CERTIFICATION
20. DATE OF DEATH 2 - 3 - 19.45, al 5:300
21. LCENTIFY that death occurred on the date above stated; that I attended deceased from
JAN. 10 24 10 12. 319 46
years and that I last saw be a allve on
Immediate squee of death
asterio scoros
min.
Ducks for from the soft
ano.
Due to.
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations.
Date of op.
Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill to the following:
Accident, suicide, or homicide
Where did injury occur?
Injured at home, farm, Industry, public place (where?)
Means of Injury / Injured at work?
At William
M. D. or other
trar Address / Lessland Company Date signed / 2-3-16.

DEC 14 1945 BUREAU V.B.

Wittin corporatione for change of MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore W.F. are is shown on CERTIFICATE OF DEATH Reg Dist No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Allegany Maryland Cumberland (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... information carefull of death clearly and Hospital, Institution, or street address where death occurred: Bowman's Addition Allegany Hospital (If rural, give LOCATION) How long in hospital or institution? Ten days 2.(a) if veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 20 DATE DE OFATH December 27 1945 Male White Married 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wite Julia E. Spencer Bobo Supply every it S.(c) If alive, give age 53 years 7. Right date of June deceased (mo., day, yr.) DURATION Immediate cause of death. if less than one day 8. AGE: 62 Years Days please 17 6-3-11 Virginia (Town, county, and state) Physicians: 1 Laborer 10 Usual occupation.... 11. Industry or business General Works 12 Hame Bruce Bobo END important. W.Vo. 13. Rirthniace (Include pregnancy within 3 months of death) 14. Maiden na 14. Maiden name..... 16 Interment Manuel Bobo PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Cumberland, Md 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) Oate thereof Dec. 30, 1945 (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemetery or crematory Zion Memorial Park (County) WRITE injured at home, farm, industry, public piace (where?) intured at work? Means of Injury PLEASE M. D. or other

JAN 4 1946

2411 N. Charles St., Baltimore 940

	1000.00
2 USUAL RESIDENCE (HOME) OF	DECEASED.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegany	(For newborn infants give residence of mother)
City or town 3 and 5 (If outside city or town limits, write RURAL and give nearest town)	State Maryland County allegany
(If outside city of town limits, write RORAL and give hearest town)	City or town Barton
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Broadway
Yoradivay :	(If rurui, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Samuel allen Boucher	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Married	20. DATE DE OEATH LOLA: 15 ch 19.45 at 3 15 10 M
6.(b) Name of husband or wife. Leeles M. Boucher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Q. 8 1 7 6 1	Dec 8 05 19.45 10 Dec 154 18.45
Jeene 8 / 8 6/ 6.(c) It allive, give age	and that I last saw h. Associative on A. O. A 15 4 >
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Grover Occlusion
84 6 7	Keston of influence were in
9. Birthplace Grants wille Garrett G. Ml. (Town, county, and state)	Due to.
1B. Usual occupation Doctor m.D	
10. Usual occupation	Oue to
11, Industry or business	
= 12. Name Sorah 15 oucher	Other conditions
Z 13. Birthplace Inbrown	
	(Incinde pregnuncy within 3 months of death)
14. Maiden name Lucastic Compton	Major findings of operations
14. Maiden name of recention compton 15. Birthplace Unknown	Date of op.
16. Informant Mrs Lule H. Boucher	Autonsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Barton, Maryland	, 22, VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?)	
Cemetery or crematory. I thurst	Where did injury occur?
Location M. C. S. L. M. M. M.	Injured at home, farm, industry, public place (where?)
18. Funeral director. L. L. S. M. O. T. S.	Means of Injury Injured at work?
Address Western & Mel	111 11/1/1 11/10
Account of the total of most	23. SIGNATURE JULY TO TOTAL WAY

PLEASE VS A15

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

DEC 19 1945
BUREAU V

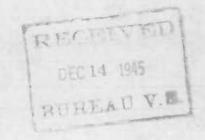
2411 N. Charles St., Baltimore 4)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County ALLEGARY City or town UESTERNPORT (If outside city or town limits, write RURAL and give nesrest town) Street No. 115 SPRUCE ST. (If rural, give LOCATION)
How long in hospital or institution? 29 DAYS 3. (a) FULL NAME	2.(a) If veteran, name war
MRS. ALICE GALES Bowse	glone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced WHITE NIDOWED	MEDICAL CERTIFICATION 20. DATE OF DEATH DEC. 7. 1945 7:50 Al
8.(b) Name of husband or wife. S.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOV. 8.9. 1.94.59. to DEC. 7. 1.94.5.
8. AGE: Years Months Days If less than one day 67 6 7	Immediate cause of death
9. Birthplace MARYLAND (Town, county, and state) 10. Usual occupation HOUSEWIFE	Due to Sugletas
tt. Industry or business 12. Name LOGSDON 13. Birthplace	Other conditions
t4. Malden name ?	(Include pregnancy within 8 months of death) Major fiadings of operations. Date of op.
1D. Informant NEMORIAL HOSPITAL Address CUMBERIAND MD	Antopsy results
17 (Burial, cremation, or removal. Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Location	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Maans of Injury Injured at work?
Address Westernport md.	23. SIGNATURE THE PROPERTY OF
19 Clc. 7 19 45 Jos. Ptranklin M. Registrar	A. G. M. D. or other

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MARGIN RESERVED FOR BINDING



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 83-2

CERTIFICATE OF DEATH

11710

	Reg. Diat. No
1. PLACE OF DEATH: County City or town. How long in above place of death? Hospital, institution, or streef address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
3. (a) FULL NAME Charles Brod	heck 3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 45 01 945 6 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 19.45 19.45 19.45 Immediate cause of death DURATION
9. Birthplace Thought County, end state) The County of State of of	Due 10.
11. Industry or business Coal Typical 12. Name Share British	Due 10
14. Maiden name abolina 1 15. Birthplace 18. Informant Africa About Book to the Contract of th	Major findings of operations. Dafe of op. Autopsy results. PHYSICIAN: Fleaso underline the cause to which death abould be charged statistically.
Address 17. (Burial, cremation, or removal. Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Location Delicities of Location Locatio	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Anaconing model 19. Ale Signature 19. (Date ree'd by registrar) Registrar	23. SIGHATURE I HELL J. H. D. or other M. W. D. or other M. W. D. or other M. W. Date signed Les. 8th 45

DEC 10 1945
BUREAU V.8

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cily or town Route 1 Frostburg Md. (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Allegany	
	City or town Route 1. Frostburg Md a (If outside city or town limits, write RURAL end give nearest town)	
How long in above place of death?		
	Street No	
How long in hospital or institution?	2.(a) if veteran, name war	
3. (a) FULL NAME Mary Bush	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION about	
Female White Single	20. DATE DF DEATH December 8th., 19.45 at 4.30 a	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	and thal I last saw h alive on 19	
deceased (mo., day, yr.) March 10, 1867	Immediate cause of death	
8. AGE: Years Months Days If less than one day 78 8 28hrsmin.	Coronary Occlusion	
9. Birthplace	Due to.	
1D. Usual occupation	Due to.	
11. Industry or business home		
12. Name Henry Bush 13. Birthplace Ireland	Dither conditions	
3 13. Birthplace Ireland	(Include pregnancy within 3 months of death)	
불 14. Malden name Rose Kenney	Major findings of operations.	
14. Maiden name Rose Kenney 15. Birthplace Ireland 16. informani Mrs. John Byrne.	Major hadings of operations. Date of op.	
16. informani Mrs. John Byrne.	Antepsy results no autopsy	
Address Route 1, Frostburg, Md.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.	
17. Buri al Date thereof Dec. 11 1945 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) Cemetery or crematory. St. Michael's Cemetery.	Accident, suicide, or homicide	
	Where did injury occur?	
Location Frostburg, Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Means of Injury Injured all work?	
Address Frostburg, Md.	23. SIGNATURE PLANE H. BOTA ON THE D. or other	
19 J3 (Date ree'd by registrar) 1945 Dy. S. Don Homer Registrar	23. Signature M. D. or other Address Cumberland, Maryland Date signed 12-8-45	
	Seputy Madical Evaminer Allegany Co.	

DEC 13 1945 BUREAU

2411 N. Charles St., Baltimore 384

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County City or town. (Yf outside city or town limits, write prikal and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town	unity Children and give nearest town)
How long in hospital or institution?	2.(g) If veteran, name war	3. (b) Social Security Number
Bonne Sul C	ameron	_
Female White Child	MEDICAL C	ERTIFICATION
6.(b) Name of husband or wife		45 10 Vec 64 19 L4
7. Birth date of deceased (mo., day, yr.) March. 9 24 1943	and that I last saw h	
8. AGE: Years Months Days If less than one day 2 8 2-7	Immediate caose of death	
1D. Usual occupation.	Due to	
12. Name Arch G. Cameron 13. Birthplace Longconing, Mid	Dither conditions	
14. Maiden name many aret Llbyd	(Include pregnancy within 8	
\$ 15. Birthplace Trostbury, and		
Address & macming, and	Antopsy results	hich death should he charged statistically.
17 During Bate thereof Loke S 43 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external ca	
Cometery or cremoior Data Hell Corneley	Where dld Injury occur?(City or town)	
Location Language made	Injured at home, farm, Industry, public place (Means of Injury	where?)
Address Lanceauis, and	- June Du	Hodgen W. W.
19. Tel 1941 Dr. Z. Over 1 Registrar) (Date rec'd by registrar) Registrar	23. SIGNATURE.	M. D. or other

MARGIN RESERVED FOR BINDING

PLEASE WRITE

correct age

REOBLVED

DEC 10 1945

BUREAU V.S.

MARGIN RESERVED FOR BINDING

A15 N

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Porate Ilmita	2411 N. Ch	DEPARTMENT OF HEALTH arlea St., Baftimore (A) ATE OF DEATH	Reg. Dist. No
How long In above place of death?	s, write RURAL and give nesrest town)	Chy Classic Cumberlar (If ontside city or tov Street No. Rt. 1. Locu	cence of mother) County Allegany Id Surface RURAL and give nearest town) IST Grove rai, give LOCATION)
3.(a) FULL NAME Bessie Ca			3. (b) Social Security Number
4. Sex 5. Celor or race white	5.(a)Single, married, widowed, er divorced		AL CERTIFICATION 12/31 19 45 11 8:25
8. AGE: Years Months 58 9. 6irthplace	16,1887 Days If less than one day /5hrsr Inty, and state) Wife Corne Hawey Bahr Mahr Wallings	Due to	schaffa Lav farline Missing a months of death)
14. Malden name	Bryson Bale thereof (month) (day) (year)	Autopsy results	
Cometery or crematory of the Localion Current of the L	Hauls Cem. My md. Stringer: land, md.	Where did injury eccur?	place (where?) Injured at work? M.D. of other



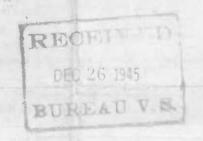
2411 N. Ch	DEPARTMENT OF HEALTH arles St., Baltimore Tha
CERTIFICA	ATE OF DEATH Reg. Diat. No
County (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealth? Hospilal, institution, or afreet address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For lewborn infants give residence of mother) State. City or town. (If outside city or town limits, write RURAF and give nearest town) Street No. 4.35 (If raral, glye LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Henry Cassen	More
4. Sex) 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White arroad	20. DATE OF DEATH December 17th., 19 45et 3 P.
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Jme 75 1899	Immediate cause of death
8. AGE: Years Months Days It less than one day 46 5 22hrs.	Coronary Occlusion
9. Birthplace Campachan (Town, county, and state)	Due to
10. Usual occupation Mone	
	Due to
11. Industry or business 12. Name Johns Henry Casses 13. Birthplace And	Differ conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Carstine Barth 15. Birthplace	Major findings of operations.
15. Birthplace	
16. Informant min sacgrelline Crash	Antonay results no autopsy
Address Compterland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bon is a man Men to H	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Roll Charle	Where did injury occur?
Location Al Comptestand	Injured at home, farm, Industry, public place (where?)
18. Funeral director Amis Stim Onc	Means of Injury Injured at work?
Address Amhragang	23. SIGNATURE TO LINE W. D. or other
10 Dec. 20 19 45 X.T. Orangen, M. L	Cumberland Marvland 12-1

M. D. Registrar

Dec. 20 (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

Cumberland, Maryland Date signed 12-17-45 Examiner



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

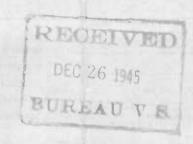
2411 N. Charles St., Baltimore 9/2

11715

CERTIFICATE OF DEATH

Reg. Dist. No......

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits write RURAL and give nearest town)	State County County
How long In above place of death?	(Ir outside city or town limits, write RURAL and givs nearest fown)
Hospital, institution or street address where leath occurred:	Street No.
How long in hospital or institution? 13. Il days	(If rurai, givs LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME	
Carl Wilbert Cate	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Sugar	20. DATE OF DEATH 2 19 45 at 4 5
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Latlended deceased from
8 (a) If allow plus and	all 2 1943 to see 17 1943
7. Birth date of deceased (mo., day, yr.) May 29 1940	and thet I last saw harmalive on 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
5 6 18min.	Wight for stiller 2009
9. Birthplace R. D. Frostlying Garrett Cty ma	Due to Grade
(Town, county and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Simon Coton 13. Birthplace Pennsulvania	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Minnie M Kluzie 15. Birthplace Maryland	Major findings of operations
15. Birthplace Maryland	Date of op.
18. Informant Contract Cotton	Antopsy results
Address R. F. D. 2. Troothing Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereot Dec 1/20-45	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Borial, cremation, or removal, Which?) (month) (day) (year)	
There we will a control of the contr	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	a more of many
Address / Frostlying Md	23. SIDNATURE DEPTH LANGRIM
1012-20 1045- My Mariell N. KAS	M. D. or other
(Date rec'd by registrar)	Address Bost Telly 1114 Bain signed Vel. 191



MARYLAND STATE DEPARTMENT OF HEALTH

M. Downther

Date signed.

correct age with the	DR JACOBSON 2411 N. Charl	EPARTMENT OF HEALTH 11716 TE OF DEATH Reg. Dist. No	
information carefully. The corror death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND State CUMBERLAND (If outside city or town limits, write BURAL and give nearest town) Street No. 50I COLUMBIA (If rural, give LOCATION) 2.(a) If veteran, name war.	
orma	3.(a) FULL NAME MR. STANTON CHESHIRE	3. (b) Social Security Number 705-07-9716	
BINDING rry item of the causes	4. Sex MALE 5. Color or race MARRIED 6.(a) Single, married, widowed, or divorced MARRIED 6.(b) Name of husband or wife. MYRTLE SHOBMAKER 6.(c) If alive, give age 49 years 7. Birth date of deceased (mo., day, yr.)	MEDICAL CERTIFICATION 2D. DATE DF DEATHDECEMBER 6 T945 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from and that I last saw h	M. #4
MARGIN RESERVED FOR NFADING INK. Supply eve it. Physicians: please write	8. AGE: Years Months Days If less than one day 54 9. Birthplace MARYTAND min. 10. Usual occupation YARD HELPER B&O R.R. CO. 11. Industry or business 12. Name PERRY J. CHESHTRE 13. Birthplace Agraphice Co. W. Vo.	Due to	2 - 4/2
THE IA. Maiden name ANNIE GRAPES 14. Maiden name ANNIE GRAPES MARYLAND 16. Informant MRS S To CHESTITEE		(Include pregnancy within 3 months of desth) Major findings of operations	
WRITE PLAINLY, is especially	Address 50I COLUMBIA ST., CUMBERIAND MI 17. Buria. (Burlal, cremation, or removal. Which?) Cemetery or crematory Tobe Hill Cemetery of Company Tobe Hill Cemetery of Company Tobe Miles Management of Company Miles Management of Compan	PHYSICIAN: Please underline the cause to which death should be charged statistically. 2.2. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
ASE	18. Funeral director. John Sand Tudy	At Dave him	

Address Address Address

VS A15

DEC 19 1945 BUREAU V S correct

ADING INK. Supply every item of information carefully. The copysicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

11717

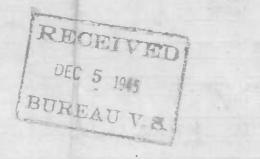
CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) W. V.A. M. T.A. M. T.A. M. T.A. M. T.A.
City or town CUMBERIAND, MD. (If outside city or town limits, write RURAL and give nearest town)	State W.VA, County MINERAL
How long in above place of death? 2 DAYS	City or town RIDGELLEY (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL	Street No. 135 Main ST.
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution? 2 DAYS	2.(a) If veteran, name war. U.S.2 MARINES
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES R. CLARK	30(0) 233313 (1) 233313
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	
MALE WHITE SINGLE	20. DATE OF DEATH DECEMBER 2 145 at 6:15 am
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birlh date of	and that I last saw helicality on Dec (19.46)
deceased (mo., day, yr.) JUNE 9 / 9/3	Immediate cause of death Jahar Pullunions DURATION
8. AGE: Years Months Pays If less than one day	4 days
32 5 23hrsmin.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation U.S. MARINES	8
11. Industry or business	Due to
	Dither conditions
12. Name WILLIAM F. CLARK MD.	
	(Include pregnancy within 3 months of death)
14. Maiden name ELSIE DUCKWORTH MD.	Major findings of operations.
16. Informant MEMORIAL HOSPITAL	Antopsy results
Address CUMBERLAND, MD	PHYSICIAN: Please naderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof 12/5/45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hill Crest Cemetery	Where did injury occur?
Location Cumberland, d.	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director	2110
Address Cumberland, Ad.	23. SIGHATURE CI Wangeler
19 Dec. 4, 1945 for P Franklin, M. A	M. D. or other
(Date rec'd by registrar) Registrar	Address Cemelal and Mill Date signed 12-3-40

VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.

16.



Within Cosposate Limits

1. PLACE OF DEATH:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 88-0

11718

CERTIFICATE OF DEATH

		J
Dist.	No.	7

		CERTIFICA	Reg. Dist. No.	
I. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
How long in above pla	foutside city or town i	imits, write RURAL and give nearest town)	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)	
		egany Hospital	Street No. 308 Pulaski Street (If rural, give LOCATION)	
			2.(a) It veteran, name war.	
3. (a) FULL NAM		ary E. Condon	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F	White	Married	20. Date of Death	
		1.1 am Cosp do 17	21. I CERTIFY that death occurred on the date above stated; that I attefued deceased from 19	
7. Birth date of deceased (mo., day.	, yr.) Feb.	24, 1896	and that I last saw ball alive on	
8. AGE: Yea	9	Oays It less than one day Z /hrsmin.	Erebral hemorrhage tho	
9. Birthplace	Maryland (Town,	county, and state)	Due to.	
	,		Que to	
臣 12. Name	Joseph 1	8054	Other conditions.	
14. Malden name	- Cash - Anna	Valley Ml.	(Include pregnancy within 3 months of death)	
15. Birthplace	Chess	Stown Md.	Major findings of operations.	
	Mians C	1 , ,	Antopsy results	
		St. Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following;	
	n, or removal. Which?		Accident, suicide, or homicide	
Cometery or crematory star Retera Paul Location Company star Retera Paul			Where did injury occur?	
18. Funeral director	10	Hofer	Meens of Injury Injured at work?	
Address Care	ubulang	- Caroling 1.1. Val	23. SIGNATURE PARTICIPALIZATION IN	
19. Nec (Date rec'd by r	/ 8/ 19 4 J egistrar)	Jos. P. Mauplin, M. D.	Address	

RECEIVED

DEC 26 1945

BUREAU V.B.

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

11780

4	7	T	7

	Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md. County Allegany City or town Frosthurg (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. I4 Mill St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Bernard W.Conley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about
Male White Divorced	2D. DATE DF DEATH. December 31st., 19 45 at 1 A. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
7. Birth date of	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death Occlusion BURATION
38 5 24hrsmin.	
9. BirthplaceHoffman row linesany. Md.	Due to
10. Usual occupationSilk Worker 11. Industry or business Celanese Corp.	Due to
12. Name John Thos. Conley 13. Birthplace Longconing, Md.	Other conditions
# 14. Malden name Agnes R. O'Connor	(Include pregnancy within 3 months of death) Major findings of operations.
Eckhart Mines, Md.	Date of on.
	Advant reside no autopsy
16. Informant Richard F. Conley	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address I4 Mill St., Frostburg, Md. Burial (Burlal, cremation, or removal. Which?) Burlal, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or crematorySt. Michaels Cemetery	Where did injury occur?
Location Frostburg, Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Meens of injury Injured at work?
Address Thothing, M.	23. SIGNATURE PLUS H. BOLLOU M.D. or other
19. 1-2 (Date rec'd by registrar) 1986 Mus- Mouley H. Rogistrar	Address Cumberland, Maryland Date signed 12-31-45

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. These is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15 9.45-1

Cumberland, Maryland Date signed.

Allegany

JAN 7 1946 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97) CERTIFICATE OF DEATH

Reg. D

77A	
- May	4
ist. No	

Date signed

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
CountyALLEGANY.	State MARYIAND County ALLEGAN Y	
City or town	ECKIADO MINICO	
How long in above place of death?48days	City or town	
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL	Sireet No.	
How long in hospital or Institution 48d	(If rural, give LOCATION) 2.(α) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
MARY E. CONNOR	3. (0) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
FEMALE WHITE MARRIED	2D. DATE DF DEATH DECEMBER 3. 19.45 19.45 19.45	
B. (b) Name of husband or wife. JOHN CONNOR.		
	"	
7. Birth date of	and that I last saw harmalive on	
deceased (mo., day, yr.) APRII 1 / Y 6 9 8. AGE: Years Months Days If less than one day	Immediate ause of death	
82 7 22mirs.	Cleur neur ax	
	a distance of the state of the	
9. Birthplace MARY LAND (Town, county, and state)	The state of the s	
10. Usual occupation HOUSEWIFE	e al	
11. Industry or business	Due to	
	Dther conditions	
12. Name WILLIAM ANDERSON MARYLAND		
	(Include pregnancy within 3 months of death)	
10	Major findings of operations.	
El 15. Birthplace MARYTIAND	Date of op.	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Cuffer Charles, Ma a.	22, VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Change	Where did injury occur?	
Explain miles	Injured at home, farm, industry, public place (where?)	
Location	Injured at nome, farm, industry, public place (wheret)	
1B. Funeral directorJ., DURST	monio di mpiri	
Address FROSTBURG, MARYDAND	- Wit William	
Mor 5 45 los f thrubling	28. SIGNATURE M. D. OF Other	
(Date rec'd by registrar) Registra	ar Addres Charles Charles Signed + +.	

VS A15

MARGIN RESERVED FOR BINDING

DEC 14 1945
BURLAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-2

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
County Allegang	State MARY/and County Allegany
Cily or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 3 d A y 5	City or lown. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Allegany NospiTal	Street No
How long in hospital or institution? 3 day 5	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
PauleTe mae Crabiree	Hone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH December 4 19.45 at 6:50 A.
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	Neel-7 1945 10 Nec 4 1945
7. Birth date of Secondary (mo. day vr.) December 1, 1945	and that I last saw h. Lec. alive on Alec 3 1945
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Paturous frame avall
0 0 3hrsmln.	
8. Birthplace Cumberland Allegany. Md. (Town, county, and expte)	Due to
10. Usual occupation 77 + 47 +	Due to.
11. Industry or business	
= 12. Name 7/AROLD Floyed CrabTree	Other conditions
12. Name HAROLD Floyed CrabTree 13. Birthplace Cumberland, maryland	
14 Moldes some VioleT Belle Ammons	(Include pregnancy within 3 months of death)
Tr. maiuen name.	Major findings of operations
\$ 15. Birthplace Clarks burg, W. Va.	Date of op.
18. Informant Harold Chaltree	Autopsy results
Address III Henry St., Comperland, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
07	22. VIOLENCE: tf death was due to external causes, fill in the following;
17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Davis Memorial	Where did injury occur?
Location Comberland, MA	Injured at home, farm, industry, public place (where?)
000 1106.	Mesns of Injury Injured at work?
Address Culvella And	Q'arton
10 - 10	23. SIGNATURE M. D. or other
19. Nec. S. 18 45 fos. P. Traupline M. A. Registrar	Address 22 Bedford St Date signed 2/4/45

VS A15

PLEASE WRITE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC 14 1945 BUREAU V.S. Dithin torporate dimits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH Reg. Diat. No. . 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The confeath clearly and legibly. (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 500 Hospital, Institution, or street address where death occurred: (If rural pive LOCATION) How tong in hospital or institution?. 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 6.(a) Single, married, widowed. MEDICAL CERTIFICATION ery item of i 2D. DATE OF DEATH. B.(b) Name of husband or wife FOR .6. (c) If alive, give age Supply eve 7. Birth date of deceased (mo., day, yr.) DURATIO 8. AGE: Months Days If less than one day Years ld ADING INK.
Physicians: p 9. Birthplace Town, county, and state) 1D. Usual occupation. MARGIN 11. Industry or business important. 13. Birthpiace HE 14. Maiden na 15. Birthpiace (Inclode pregnancy within 3 months of death) Major findings of operations Date of ne especially Antonsy results. PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22, VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. 国 Where did Injury occur? .. (City or town) (Coonty) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 18. Funeral director 国 Address 23. SIGNATURE (Date rec'd by registrat) Registrar

DEC 26 1945 BUREAU V S,

Millians

tem of information carefully causes of death clearly and

UNFADING INK.

important.

18. Funeral director

(Date rec'd by registrar)

1. PLACE County..... City or town...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /624

CERTIFICAT	E OF DEATH Reg. Dist. No. 4
Rural Cumberland (If outside city or town limits, write RURAL and give nearest town) ove place of death? julion, or street address where death occurred: R.D.#5 Allegany Grove	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Rural Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. R.D.#5 Allegany Grove (If rural, give LOCATION) 2.(a) It veteran, name war
NAME	3. (b) Social Security Number

23. SIGNATURE

Address.

Registrar

Hospital, Institution, or R. D	street address where	gany (rove	(If outside city or town limits, write RURAL and give nearest town) R.D.#5 Allegany Grove (If rural, give LOCATION) 2.(a) It veteran, name war.	
3. (a) FULL NAMI		Eliza	abeth Crist		3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Siogle, married, widowed, or divorced MEDICAL				ERTIFICATION	
Female White Widowed 5.(b) Name of husband or wife Samuel Crist 7. Birth date of deceased (mo., day, yr.) Mar. 17, 1855					ove stated: that attended deceased from
8. AGE: Years 90	Months 8	Days 26	It less than one dayhrsmin.	i i	fastire
9. Birthplace Harpers Ferry, W. Va. (Town, county, and state) Housewife			tate)	Due to.	
11. Industry or business E 12. Name George House 13. Birthplace W. Va.				Dither cooditions	
14. Maiden name Jane McFarland 15. Birthplace W. Va.				(Include pregnancy within 8 m	
16. Interment Mr. George Martz Address R.D.#5 Cumberland, Md.				Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically	
Burial Burial Dale thereot Dec. 15,1945 (Burial, cremation, or removal, Which?) Cemstery or crematory Rose Hill Cemetery Location Cumberland, Md. Charles L. George			ot Dec. 15,1945 (month) (day) (year) Cemetery , Md.	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	(County) (State)
18. Funeral director			~ COT & C		.,,

Cumberland, Md.

		None	
	MEDICAL CE	RTIFICATION	
20. DATE DF DEATH	Dec. 1	3., 19.45	a 8: 30 A.
21. I CERTIFY that death o	coursed on the data above	e stated: that attended decea	sed trom
and that I last saw h	alive on De	2 12	19. FS
Immediate cause of death	Mourt	Lasture	DURATION
Due to.		***************************************	
Due to		***************************************	***************************************
***************************************	***************************************		(-20
Dther cooditions	***************************************	***************************************	*******************************
(Include	pregnancy within 8 me	onths of death)	
Major findings of operatio	ns.		*******************************
	• • • • • • • • • • • • • • • • • • • •	Date of op	
Anteney nomits			

WRITE PLAINLY, is especially

MARGIN RESERVED FOR BINDING

CHARCE BY LEE DEC 19 1945 BURLAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

117249 Reg. Dist. No......

1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County alle Const	(For newborn infants give residence of mother)
	State 212 Gounty County
City or town	City or town La Valle
How long in above place of death?	City or town
Nospital, institution, or street address where deeth occurred:	Street No.
Miner Auspelal	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
lina Jane Va	and
4. Sex 5. Color or race A(a) Slogle, mapfied, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH DEC 12 18.45 , at /2: 40 Am
1 / 1 D Gen	21. LCERTIFY that death occurred on the date above stated: that I attended deceased from
B.(b) Name of husband or wife	Sel 5 1943, 10 Sel /2 1843
B.(c) It alive, give ageyear	and that I last sew hell alive oo selection in the sew hell alive observed in the sew hell alive of the sew hell alive
7. Birth date of deceased (mo., day, yr.) Febr. 27 1870	A A A A DIDATION
8. AGE: Years Months Days It less than one day	and mediate care of death while I wanted
75 9 15nrs	
11/2 + 1/3/11	and later and convert
9. Birthplace. M. D. Town, county, and state)	Due to years
10. Veual occupation. It were works:	Due to
11. Industry or business Our - kome	
	Taule Pueleles week
12. Name Hanny fords	Dither conditions
13. Birthplace not Openview	(Include pregnancy within 8 months of death)
14. Malden nome. Anna Miller 15. Birthplace not Senson	
100	Major findings of operations.
	Date of op.
18. informant Mar. It arms alone	Autopsy results
Address Las Valle mil	
	22. VIOLENCE: If death was due to external causes, fill to the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
DO.V. P. To -	Where did injury occur?
Cemetery or crematory.	
Location 22 estaca to J Philip	Injured at home, farm, industry, public place (where?)
BIO STOCK	Means of Injury Injured at work?
18. Funeral director	
Address Westernpas Ald.	23. SIGHATURE 2000 Company of the co
12-12 Ust VIII Marion & R.	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Part busy Mul fate signed 12-12-45

ANALYSIS STATE BENEFIT OF BENEFIT

DEC 15 1915

J BULLDAY Y E

Thin Cosposate Limits age

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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-

CERTIFICATE OF DEATH

11725

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME (For 19 whorn infants give residence	OF DECEASED:
State Mayland City or town Com	Serland F

1. PLACE OF DEATH: County Allenn How long in above place of death?.. Nospital Antitution, or street address where death How long in hospital or institution? 3. (a) FULL NAME

(For newborn infants give residence of mother City or town (If outside cit (If rural, give LOCATION) 2.(a) If veteran, name war..... 3. (b) Social Security Number

8.(c) If alive, give age 3. / years 7. Birth date of deceased (mo., day, yr.) Months If less than one day 8. AGE: Years Days

MEDICAL CERTIFICATION 2D. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

9. Birthplace... 1D. Usual occupation. 11. Industry or business 12. Name. A

Major findings of operation

14. Malden name 15. Birthplace

PHYSICIAN: Please underline the cause to which death should be charged statistically,

Address

22. VIOLENCE: If death was due to external causes, fill in the following:

(month) (day) (year)

Accident, suicide, or homicide.....

Where did injury occur? (City or town)

Injured at home, farm./Industry, public place (where?)

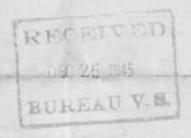
(County) (State)

18. Funeral director. Address

Means of Injury

23. SIGNATURE M. D. or other Address Date signed.

EASE



MARYLAND STATE DEPARTMENT OF HEALTH

harles	St.,	Baltimore	1372

11726	
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Wite age 1 W	poratellimit	soloor	2411 N. Ch	DEPARTMENT OF HEALTH arles St., Baltimore 272 ATE OF DEATH	11726 Reg. Diat. No	
ion carefully. The correlearly and legibly.	City or town	IEGANY Outside city or town tin te of death?	eath occurred: tal	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
mati	3. (a) FULL NAM				3. (b) Social Security Number	
FOR BINDING y every item of information of vrite the causes of death clea	4. Sex MALE	5. Color or race WHITE	6.(a) Single, married, widowed, or divorced SINGLE 6.(c) If alive, give age	MEDICAL CERTIFICATION 20. DATE OF DEATHD.E.C		
CRVED Suppl	7. Birth date of deceased (mo., day. 8. AGE: Yea 78 9. Birthplace	rs Months	B 1867 Days If less than one day hrsr	Immediate cause of death	is with DURATION PORTEXY and	
RGIN ADING Physic	1D. Usual occupation	UNABLE	ounty, and state) I. T.O. WORK	Oue to	Lypertrophy 1	
WITH U importan	14. Maiden nam 15. Birthplace	GERMANY EVE RADI PA MEMORIAL I		(Include pregrancy within Major findings of operation) Antopsy results 12-31-45	Sections of death)	
VS A15 PLEASE WRITE PLAINLY, is especially		CUMBERLAND		PHYSICIAN: Please underline the cause to 22. VIOLENCE: tt death was due to external Accident, euicide, or homicide Where did injury occur? (City or town Injured at home, farm, industry, public place Meens of Injury 23. SIONATURE	Date of	



MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIFICATE OF DEATH

age Hill	/ / 8	EPARTMENT OF HEALTH cles St., Baltimore 46.0		
		TE OF DEATH Reg. Dist. No4		
ormation carefully. The correct death clearly and legibly.	1. PLACE OF DEATH: County City or fown Care Access And City or fown limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. 49,5	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Alegary City or town Alegary (If outside city or town limits, write RURAL and give nearest town) Street No. Sold Bedfad St. (If rural, give LOCATION) 2.(a) If veteran, name war.		
information of death clear	3.(a) FULL NAME Tames Robert Earson	3. (b) Social Security Number		
info	4. Sei 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 5 19.75 at 9:00 9.10		
MARGIN RESERVED FOR BIN WITH UNFADING INK. Supply every if important. Physicians: please write the	6.(b) Name of husband or wife ARRY ACCIALIAN 6.(c) If alive, give age 5 year 7. Birth date of deceased (mo., day, yr.) Tone 6, 1873 8. AGE: Years Months Days If less than one day 72 5 29 hrs. min 9. Birthplace Mary County, and state) 10. Usual occupation Lagary (Town, county, and state) 11. Industry or business 713 cellaneous 12. Name Militant Earant 13. Birthplace W. Va.	21. Logitivy that death occurred on the date above stated; that included deceased from 19		
VS A15 PLEASE WRITE PLAINLY, is especially	Address Carachald Taylor 17. Buria Date thereof Description (month) (dry) (year) Cemelery or crematory Trace this Carachary Localion Carachard Taylor 18. Funeral director for his formula the for	PHYSICIAN: Please underline the canse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		

DEC14 1945 BUREAU V S correct

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

PLAINLY, vis especially is

WRITE

PLEASE

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /7000

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME WM. Nelson Fadgley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced males white married	MEDICAL CERTIFICATION A. 20. DATE OF OEATH
6.(b) Name of husband or wife Clara Brades 8.(c) If alive, give and 4.5 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
deceased (mo., day, yr.) Hogost 4, 1875 8. AGE: Years Months Days If less than one day 70 3 28	Immediate cause of death OURATION Traumatic Shock (probably fractured skull) 3 days
9. Birthplace Columbia Turnace She adoal 6 (Town, county, and atate) 10. Usual occupation	Due to
12. Name Abredam Footley 13. Birthplace Va.	Other conditions Comminuted frac left leg, middle third. (Include pregnancy within 3 months of death)
14. Malden name	Major fiadiugs of operations. no operation
Address 36 Roberts St Camebaland	Autopsy results. no autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically.
11. Bural Date thereof (month) (day) (year) Cemetery or crematory Fort Gally Cemetery Compared to the company of the company	22. VIOLENCE: If death was due to external causes, fill, in the following: under investigation bate of 11-29-45 Accident, suicide, or homicide. Where did injury occur? Cumberland, Allegany, Md. (City or town) (County) (State) Injured et home, farm, Industry, public place (where?) Street
18. Funeral director John Hafter Address Currherland Tad.	Meens of injury Struck by car injured at work? NO
19. Dec. 4 19.45 Jos. P. Franklin M. Registrar	23. SIGNATURE M. D. or other Cumberland, Maryland 12-2-45 Address Date signer

A15 NS

DEC 14 1945
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Oo.

CERTIFICAT	TE OF DEATH Rog. Dist. No. 4	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred: 831 Columbia Ave.	Street No. 831 Columbia Ave a (If rural, give LOCATION) 2.(a) tt veteran, name war.	
3.(a) FULL NAME Thomas Fatkin	3. (b) Social Security Number None	
4. Sex Scolor or race δ.(α) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. December 27th, 19 45 at 4 A	
8.(b) Name of husband or wife Sara Woon Fatkin 8.(c) It allive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days It less than one day 60 4 16 hrs. min.	and that I last saw h	
9. Birthplace	Due to	
12. Name William Fatkin 13. Birthplace Maryland 14. Malden name Betty Long 15. Birthplace Penna 16. Informant Mrs. Sara Fatkin	(Include pregnancy within 3 months of death) Major fiadiegs of operations. Date of op.	
Address 831 Columbia Ave. Cumberland Ave. Rose Hill Cem. Address 831 Columbia Ave. Cumberland Ave. Cumberland Ave. Rose Hill Cem. Rose Hill Cem.	Where did injury occur? (City or town) (County) (State)	
Cumberland, Md. 18. Funeral director Charles L. George Address Cumberland, Md.	tinjured at home, tarm, Industry, public place (where?) Meane of Injury Injured at work?	

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JAN 3 1946

BURLAUVE

M) & WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 464

11730

Date Signed/8-75

			CERTIFICA	TE OF DEATH Reg. Dist. No.			
County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
				State Maryland County Allegany			
How long in above place of	of death? 3.5	year occurred:		City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town) 212 N. Lee St. (If rural, give LOCATION)			
How long in hospital or	Institution? 2	lays		2.(a) If veleran, name war			
3. (a) FULL NAME				3. (b) Social Security Number			
	ter Vincer			Hone/			
4. Sex	5. Color or race	6.(a)Single, mar	ried, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	Widd	owed	20. DATE OF DEATH December 18th 19 45 al 5:25P. N			
8.(b) Name of husband o	4		Dugga41	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.			
8. AGE: Years	Months		less than one day	Immediate cause of death			
73	7	29	hrsmin	Me wood of the state of the			
F	Manager	Bowling A	lleys	Due to			
14. Maiden name.	Jargare Scotlar	+ Phil	lips	(Include pregnancy within 3 months of death) Major findings of operations.			
16. Interment King.	settimore			Autopsy results			
17. Burial, cremation,			(month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide			
Cemetery or crematory	Sta Peter	- Poul	Cemetery	Where did Injury Occur?			
Location Cu	mberla.	20, 174	1.	Injured al home, farm, Industry, public place (where?)			
18. Funeral director	Loke I	Hafe	U	Means of Injury Injured at work?			
Address C. J. 19. Occ. 5 (Date rec'd by regi	-1, 19 45	J.P. 7.	Rauklin, M.	23. SIGNATURE M. D. or other The Address A Address Bala Strong & - Co			

Address.....

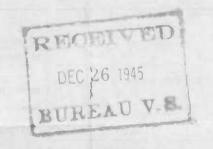
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BURLAU V B



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 184

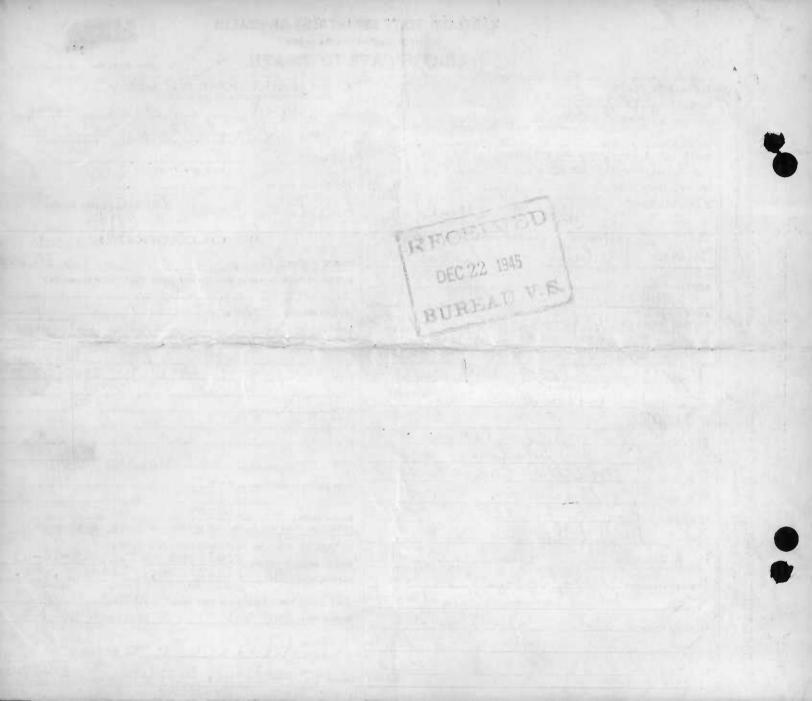
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CERTIFICATE OF DEATH

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og.	Diat	No. 2

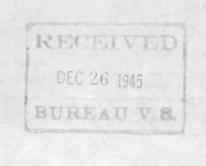
Allegany

CERTIFICA	TE OF DEATH Reg. Diat. No.
County City or town City or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Fluidstone How long in hospital or institution?	Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME Larry Hodges	Fletcher 3. (b) Social Security Number
4. Sex Male Shorte B.(a) Single, married, widowed, or worked Child	MEDICAL CERTIFICATION about 20. DATE DE DEATH December 16 19:45, at 10 A
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo day, yr.) 8. AGE: Years Month Days If less than one day	Immediato cause of death
9. Birthplace Cumberland allegany 6, 44 10. Usual occupation 11. Industry or business	Due to. (30-30 rifle bullet) instantly
12. Name Poy S. Fletcher 13. 8irthplace Fluitatione Tyd.	Dither conditions
15. Birihplace Dawson, rud	Major findings of operations.
16. Informant Kory S. Flotcher Address Fluctstone rud.	Autopsy results. NO autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. But 18 9 4 9 1	Accident, suicide, or homicide accident Accident, suicide, or homicide accident Neer Flintstone, Allegany, Mid. (City or town) (County) (State)
411	tnjured at home, farm, industry, public place (where?) home
Location Thurstone Ma. U 18. Funeral director. John J. Hafer:	Means of injury gunshot injured at work? no



veste dimito MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 38-CERTIFICATE OF DEATH Allegany Hospital 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: How long in above place of death?..... Hospital, Institution of street address where death occurred: esame. Hos (If rural, give LOCATION) How long in hospital or Institution? 3. (a) FULL NAME 3. (b) Social Security Number Harman.U.F.Flutshutz 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male white Wid Margart Flurshutz 6.(b) Name of husband or wife... 144 100EC 17 194 .B.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Maryland Cumberland Md 1D. Usual occupation..... Furniture 11. Industry or business 12. Name...... 12. Name George J.Flurshutz important. Germany (Include pregnap y within 8 months of death) Sopha.Ebert 14. Maiden name. Major findings of operations..... Germany 15. Birthplace especially 16. Informant Fred Flunshutz PHYSICIAN: Please underline the cause to which death should be charged statistically. Addres \$13. N. Mechanic St Cumberland Md 22. VIOLENCE: If death was due to external causes, fill in the following; 11 20.1945 Accident, suicide, or homicide..... (Burial, cremation, or removal than Luthranth) (day) (year) Where did injury occur?(City or town) PLEASE WRITE Cemetery or crematory..... Cumberland Md Injured at home, farm, industry, public place (where?) John.C. Wolford Mesns of Injury Injured at work? Cumberland Ma Address 23. SIGNATURE M. D. or other

DEC 26 1945 BUREAU V S.



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ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH UNF is especially important.

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9-45-1	WRITE PLAINLY,
VS A15	PLEASE

			CERTIFICA	TE OF DEA	TH	Reg. Diat. No	. 6
(If or	Westernpc atside city or town lin of death?	oits, write R yeal eath occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland. county Allegany. City or town. Westernport. (If outside city or town limits, write RURAL and give nearest town) Vine St. (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME						3. (b) Social Secu	arity Number
,	Leroy						
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced			CERTIFICATION	
Male	White	1	Married	20. DATE OF DEATH	recem	ber 8	45 at 11 P
		6.(c	snaught Frankl		lear 1	above stated; that I attended	
deceased (mo., day, y) Septe	ember	8, 1871	Immediate cause of d	eath		DURATION
8. AGE: Years	Months	Days	tt less than one day				
74	4	0	hrsmi	Du D	betes M	elleter	
9. Birthplace Ba	ltimore (Town,	Md ounty, and s	tate)	Due to			
10. Usual occupation		Carp	enter	Due to			***************************************
	Harry Fr	ankla	and	Other conditions			
	Don't kr			(Inch	ude preguancy within	3 months of death)	
14. Maiden name	77 7			Major findings of ope	Major findings of operations		
≥ 15. Birthplace			ankland			Date of op.	
16. Informant	rs. Aman Wester	npor	t, Md.	Autopsy results PHYSICIAN: Please t		which death should be ch	arged statistically.
Buria	1)		causes, till in the tollowing;	
(Burial, cremation,			(month) (day) (year)	Accident, suicide, or he	Accident, suicide, or homicide		
			tery	Where did injury occur	(City or tow	n) (County)	(State)
Location	esternpor	t, Mo	<u>d</u>			(where?)	
	um. Nas	red-	Fredlocky	Means of Injury	0	Injured at work	
Address Pie	dmont, W.	Va.	U	23. SIGNATURE	16/3	erry or	٦ ١
19. Out or reg	18 AU 10 (Dato rec'd by registrar)				Amont-	W. Can Date si	f. D. or other gned 12-10-4-2

BUREAU V.S.

UNFADING INK. Supply every item of information carefully. The correct ant. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY,

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MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEA

2411 N. Charles St., Baltimore (46-2)

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CERTIFICATE OF DEATH

Reg. Dist. No.

County	City or town. (If outside city or town limits) write RURAL and gife nearest town) State No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME William Otto	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH / 2 . 29 - 19 45 25 25
B.(b) Name of husband or wife Fmma Regina frey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) The 16 - 1874	and that I last saw h 19 4 5 10 19 4 5 19 4 5 19 4 5
8. AGE: Years Months Days If less than one day	Immediate state of death
7/06/13/5 hrs. 30 min.	Brown /4x.
9. Birthplace (Town, consty, and state)	Due to
10. Usuai occupation. Suelders Supply	Due 10.
11. Industry or business	
12. Name Otto Fry 13. Birthpiace Germany	Dther conditions.
14. Malden name Constance / Lerriby Fray	(Include pregnancy within 3 months of death)
\$ 15. Birthplace Dermany	Dh Proman Bate of op. April 7
16. Informant	Antoppy results
Address & L L Mickelly Man 1-1914	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal Whight) (Burlal, cremation, or removal Whight) (Gay) (year)	Accident, sulcide, or homicide
Cemetery or crematory.	Where did injury occur?
Location action Country Country	Infliked at home, farm, industry, public place (where?)
18. Funeral director	1 2 ml.
Address Jastoney	23. SIGNATURE.
19. Au. 1946 J. F. Olaukun, 11946 (Dato rec'd by registrar) Registrar	Address Osmbe Company 12-31

VS A15

JAN 4 1946 BUREAU 6

2411 N. Charles St., Baltimore 131-0

2. USUAL RESIDENCE (HC

Cumber

(If outside city or

Windsor

Maryland

wer 3. and that I just saw h. alive of

CERTIFICATE OF DEATH

Reg. Dist. No.
HOME) OF DECEASED:
county Allegany
or town limits, write RURAL and give nearest town)
Hotel- Baltimore St.
(If rural, give LOCATION)

How long in hospital or institution?...... 3. (a) FULL NAME

4. Sex

Male

14. Maiden nar 15. Birthplace

14. Maiden name...

18. Funeral director......

1. PLACE OF DEATH.

How long in shore place of death?

Hospital, Institution, or street address where death occurred:

5. Color or race

White

Charles W. Fries

6.(a) Single, married, widowed, or divorced

Married

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

(Include pregnancy within 3 months of death)

Injured al home, farm, industry, public place (nhere?)

Major findings of operations.....

Where did injury occur?(City or town)

MEDICAL CERTIFICATION 20. DATE OF DEATH Dec. 3, 45 .10:154

3. (b) Social Security Number

DURATION

3 ham

(b) Name of husband or wife.	Agnes (Gran	t Fries
********************************			c) If slive, give ageyear
Birth date of deceased (mo., day, yr.)	Mar.	13,	1872

Allegany

Memorial Hospital

Cumberland
(If outside city or town limits, write RURAL and give nearest town)

Hr.

R. AGE-If less than one day 73 20 Cumberland, Md. (Town, county, and state)

10. Usual occupation Retired Clerk 11. Industry or business B.& O. R.R. Co. Jacob Fries

Germany

18 Informant Mrs. Agnes Fries

Cemetery or crematory Rose Hill Cem.

Cumberland, Md.

Germany Margaret E. Boore

PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Windsor Hotel Cumberland. Md. 22. VIOLENCE: If death was due to external causes, fill in the following:

Means of injury

Burial Bate thereof Dec. 6, 1945 (Burlal, cremation, or removal, Which?)

Charles L. George

Cumberland, Md.

23. SIGNATURE.

	info	of o
CC	Jo	es
MARGIN RESERVED FOR BINDING	WITH UNFADING INK. Supply every item of info	y important. Physicians: please write the causes of o
BI	>	the
OR	eve	ite
[Ti	oly	W
VED	Supl	ease
ER	v	d
ES	Z	ans:
H-1	5	ici
3GID	ADIA	Phys
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A	S	tant
	H	Or
	MIT	imp
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DEC14 1945
BURLAU V. S.

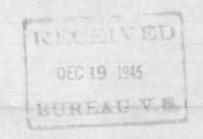
Within corporate limits	VILLIAMS		EPARTMENT OF HEALTH	11738	
T. PLACE OF DE		CERTIFICA	TE OF DEATH	Reg. Dint. No.	
Hospital, institution, or MEMOR	County ALIEGANY City or town		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MD • County		
How long in hospital of 3. (a) FULL NAM 4. Sex	E TAMES GARF	ETT	3. (b) Social Security Number		
4. Sex MA LE MA LE	5. Color or race WH ITE	6.(a)Single, married, widowed, or divorced SINGLE	MEDICAL CE 20. DATE OF DEATH. DECEMBER 1'	RTIFICATION 7 18 45 at 7:15 P	
MARGIN RESERVED FOR BIN (9.6) Name of husband (1.8) Was a constant of deceased (mo., day. 8. AGE: Year (mo., day.) 8. AGE: Year (mo., day.) 10. Usual occupation. 11. Industry or busines (mo., day.) 12. Name	Months 4 Aud (Town, or FAR MER Patrick Mary Entroy Bakland Oakland		21. I CERTIFY that death occurred on the date above and that I last saw here.	ce stated: that I attended deceased from 19. 19. 19. DURATION DURATION Duration Double of op. Characteristically. Connty) (State)	

DEC 26 1945 BURLAU V B

11739

		1 6
		4
Reg.	Dist.	No

WITH	0		EPARTMENT OF HEALTH 11739 St., Baltimore //74
M	rect ag		TE OF DEATH Reg. Dist. No4
information carefully. The correct of death clearly and legibly.		1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Por newhorn infants give residence of mother) State County County County City or town (If outside city or town limits, write RORAL and give nearest town) Street No. 232 (If rural, give LOCATION) 2.(a) If veteran, name war.
	rmatio leath c	3. (a) FULL NAME	3. (b) Social Security Number
DNI	item of info e causes of d	4. Sex 5. Color or race 6.(a) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH NEC 7 19.45, at 18
R BINDIN	th	6.(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above stated: that I attended deceased from
ED FOR	Supply evelease write	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 6. 2	Immediate cardle of desth
RESERVED	. 0	9. 6 irthplace	Othuction
	ADING INK Physicians:	10. Usual occupation	Due to
MARGIN		12. Name	Other conditions
T	WITH UNF	14. Malden name 22 20 15. Birthplace	(Include pregnants within 8 months of death) Major findings of perstions (1) 1944 A 1
	LY, Wally in	16. Informant Canf Freeland	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
7	PLAINLY, is especially	Address 17. Barrel (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: tf death was due to external causes, ftill in the following; Accident, suicide, or homicide
	ITE P	Cemetery or crematory St Peter + Panels Com	Where did Injury occur?
-	SE WRITE	18. Funerat director of this Stand	Injured at home, farm, Industry, public place (where?)
VS A15	PLEAS	19 Dec-10 1945 Joseph travelie 1	23. SIGNATURE J. M. F. Williams MO-to other - 7-14



William -

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..

and will

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County affiliant	State State south
(H outside city or town limits, write RULAL and give nearest town)	2 7/100
How long in above place of death?	(If outside city or town limits, write RURAL and give near st town)
Miness Hyspetal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Wm Fredrick &	siffilh 3. (b) Social Security Number none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH December 3/ 19.45 at 1:30 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of	Dec. 28 1945 to Dec. 3/ 1945
7. Birth dale of deceased (mo., day, yr.) Seh & 19-1870	and that I last saw h
8. AGE: Years Moyns Days If less than one day	Immediate cause of death
75 3 12hrsmin.	resocular disessor yars-
9. Birthplace Frankling alling mid	Due to-
(Town, county, and state)	Bronches astlina
11. Industry or business	Due to
	Other conditions
12. Name 12. Name 7 13. Birthplace 7 15 16 16 16 16 16 16 16 16 16 16 16 16 16	
14. Maiden name. Manuel Marian 15. Birthplace	(Include pregnancy within 3 months of death)
15. Birthplace 3 Frotting Ma	Major findings of operations
16. Informant mas House Al wincan.	Aotopsy results.
Address I Faelburg md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Que 3-1948	- 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetery. Allegange	Where did injury occur?
Location Location - Lo	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address Freething, mgl.	23. SIGNATURE Y. C. Clell M.D.
1, 1-3 1,46 my Laure Al-Kas	23. Signature M. D. or other 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(Date rec'd hy registrar) Registrar	Address Date signed



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-4

11749

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g.	Diat.	No	

CERTIFICA	TE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother)	
(If ontside city or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	City or town (If outside city or town limits write RURAL and give nearest town)	J
Menorial Hospital	Street No. 130 (If rural, give LOCATION)	********
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Helen Evelyn 9	roves 3. (b) Social Security Number None	
4. Sex 5. Color or race 6.(a) Single, married, widowed of divorced Ternale White Child	MEDICAL CERTIFICATION 20. DATE OF DEATH SUCCESS 20. DATE OF DEATH SUCCESS	20 P.
6.(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated; that latended deceased from	45
7. Birth date of deceased (mo., day, yr.) Drember 3, 1942	and that I last saw heart alive on 19	45
8. AGE: Years Months Days ttless than one day	Immediate cause of death	IIIOM
3 / 2hrsmin.	pfluise 36	745.
9. Birthplace Cumberland allegang Co Mc	Bue to	
10. Usual occupation Coluid		
11, Industry or business	Due to	**********
12. Name Chas. Howard groves 13. Birthplace Cumberland Md.	Other conditions	000000000000000000000000000000000000000
14. Maiden name Eva Ingham	(Include pregnancy within 8 months of death)	
14. Maiden name Eva Juglan 15. Birthpiace Harpers Ferry W. Va.	Major fiadings of operations	
16. Informant Chas H; Groves	Autopsy results	
Address /30 Thumberd of - Cumberland	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Burs C. Barlet thereot Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:	
5 + 71. 6. 4	Accident, suicide, or homicide	
demetery of Crematory	Where did injury occur?	
Location Mean Cumberland, Mag	Means of injury injured at work?	
18. Funeral director.	TEX Proporto m	2
Address Cumberland & MCL-	23. SIGNATUSE M. D. or other	
19. (Date rec'd by registrar)	Address Centraland led Date signed 12-7	- 4

M Reparer Address

BUREAU V.S.

Within corporate limits Williams MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 932 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infents give residence of mother) 1. PLACE OF DEATH: County Allegany County HILEGAMY (If outside city or town limits, write RURAL and give nearest town How tong in above place of death? 38 years
Hospital, institution, or street address where death occurred: Street No. 515 Base Hill 17ve information care of death clearly 515 Prose Hill AVE (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Anna Rosa "Haberlein" Hadro 6.(a) Single, married, widowed, or divorced 4. Sax 5. Color or race MEDICAL CERTIFICATION tem of causes Married 5 19 4 5 1 6:30 A. W 8.(6) Name of husband or wife. Edword Hadra deceased (mo., day, yr.) Oct 21, 1870 If less than one day Years 8. AGE: RESERVED 75 10 MARGIN 11. Industry or business Own Gome 12. Name Henry Haberlein important. Germany (Include pregnancy within 3 months of death) 14. Maiden name Mary Knatz 15. Birthplace especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address West Palm Beach, Fla. 22. VIOLENCE: If death was due to externat causes, fill in the following: Date thereof Tan 3 19: (month) (day) (yeer) Accident, suicide, or homicide..... Where did injury occur?(City or town)

Cemetery or crematory Hillerest Cemetery 1B. Funeral director

Means of injury

Injured at home, farm, industry, public place (where?)

(County)

inlured at work?



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

117449

	atog. Diat. stormin	***************************************
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County County Carry	State Durch as a state of the s	enel
City or town	2. Thurs	
How long in above place of death?	(If outside city or town limits, write BURAL and give no	arest town)
Hospital, institution, or sireet address where death occurred:	Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	•••••
3. (a) FULL NAME	3. (b) Social Security	Number
6 down John Ha	way non	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
m widowed	20. DATE OF DEATH NEC 25 19.40	., at M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above staled; that I attended dece	
	19 to Wel =	19.465_
7. Sirth date of deceased (mo., day, yr.) Jeby 19-1862	and that I last saw have allve on the same all the same allve on the same allve on the same allve on the same allve on the same all the same allve on the same all the same allve on the same all the same allve on the same all the same all the same all	
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
2 83 3 6min.		4-easo
St. Day Conwell England	Due to.	
(Total, county, and state)		***
10. Usual occupation	Oue to.	•
11. Industry or business		** ************************************
12. Name John Stanning	Other conditions	• • • • • • • • • • • • • • • • • • • •
13. Birthplace & Way Cornwelle & malane	(Include pregnancy within 3 months of death)	
14. Maiden name Sther Jan Read 15. Birthplace St. Day Cornwell England	Major findings of operations	
\$ 15. Birthplace Dr. May Corruell, Englan	Dats of op.	***************************************
16. Informant Albert House	Autopsy results	
Address Treathurg 1. Ma.	22. VIOLENCE: If death was due to external causes, fill in the following:	Justine and A
(Burial, cremation, or removal, Which?) Date thereof (month) (dop) (year)	Accident, suicide, or homicide	
Cemetery or crematory.	Where did injury occur?	(0, 4.)
2 + HI . m.	(City or town) (County)	
Location	Meens of injury Injured at work?	\
18. Funeral director	1 A 2201	5.0
Address / Grandling, Ma	23. SIGNATURE DE LA COMPANIA	1 11 0
19/2-26- 1945 NW. Xauly N. tag	Fathure mill	or other 12-26-4
(Date rec'd by registrar) Registrar	Address Bate signed.	.1



Within corporate limits

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

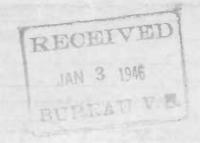
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore [3]

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegary	(For newborn infants give residence of mother)
City or town Lucie Sulaud	State Many County Allegand
(If outside city or town limits, write RURAL and give nearest town)	City or town Lewis reland
How long in above place of death?	(If outside ity or town limits, write BURAL and rive nestest town)
Hospital, Institution, on treet address where death occurred	Street No. 317 I solos/SU /SI
317 sloom Dr.	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME mary Gertrade	Halas 3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single Married, widowed, or divorced	MEDICAL CERTIFICATION
Q 1 4/4 8 .0	WEDICAL CERTIFICATION
though I may	20. DATE OF DEATH \(\text{\subseteq} \text{20. DATE OF DEATH \(\text{\subseteq} \text{\subseteq} \text{21. } \text{\subseteq} \s
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	"" Lange 20 15 Was 21 18
	273
7. Dirth date of deceased (mo., day, yr.) Sull 21 1870	and that I last saw h allyo on 19.74
8. AGE: Years Mowins Days If less than one day	Immediate cause of death
o. Add.	1 Lnet
/5 3 0m	
9. Birthpiace Camelaland mg	Due to Organia had landed 790
(Town, county, and state)	
10. Usual occupation Saucescent	Jones a Mulstrates 240
11. Industry or business	Due to
11	
12. Name Share Holys 13. 8 Irthplace Md	··· Other conditions
14. Maiden name Hathasino Paulis 15. Birthplace MA	(Include pregnancy within 3 months of death)
14. maigen name.	Major findings of operations
15. Birthplace Ma	Date of op.
18. informant Frank Holys	Autopsy results
11 1	PHYSICIAN: Please underline the cause to which desth should be charged statisticsly.
Address Runbuland and	22. VIOLENCE: If death was duo to external causes, fill in the following;
17 Busice Date thereof Deel 24 45	
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Con Irland my	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury / Injured at work?
18. Funeral director Forms Steen Suc	moons of milati
Address Cumbrel used med.	Clear of T
10	23. SIGNATURE
10 Nec. 24.1845 XV. Tsauplin M.	M. D. or other
Date rea'd by registrar)	Bote closed 4 2



2411 N. Charles St., Baltimore 73-00

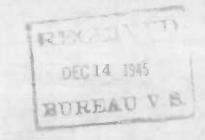
11746

CERTIFICATE OF DEATH

V411111 V111	Reg. Diat. No.
1. PLACE OF DEATH: County City or fown (If outside city or town Maits, write RDRAL and give nearest town) How long in above place of death? Hospital, institution, or street address whate death occurred: How long in hospital or institution?	2. USUAD RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother) Siale County County County Cliff of fown (If outside city of fown limits, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION) 2.(a) If veieran, name war.
3. (a) FULL NAME	Josselro de 3. (b) Social Security Number
Fernal 5. Color or race 6.(a) Single, married, widowed, or divorced Fernal White Wilowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 19. 75 21 34
8.(b) Name of husband or wife	and that I last saw h. C. alive on
8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 9. Birtholace New Buena Unita Pa	Immediate cause of death a children appropriate is a children Due to arterial by perfections
10. Usual occupation. Contactification of the state of th	Due to.
12. Name Dack Techtree 13. Birthplace Handman Pa 14. Maiden name Manad Cook 15. Birthplace Hyndman, Pa	Other conditions (Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Mrs. Perry Clark Address Hyndman Pa RR.	Actopsy results
17. Burial, cremation, or ramoval, Which?) Cemetery of exemetery. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Daynaman Rural	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
19. Plet 7, 19 45 Jos. P. Traublin M. (Date rec'd by registrar)	23. SIDNATURE Plinabeth M. D. of other Address Date signed Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.



11747

· ollower	2411 N. Charles St	., Baltimore (28)	,
	CERTIFICATE	OF DEATH	Reg. Dist. No.
Hospital, Institution, or street address where death occurred:	and give nearest town) Cit Str	reel No. 10 Harris	
How long in hospital or institution?		(a) If veteran, name war	
3. (a) FULL NAME Wrs Wona	arminta	Hollinger	3.(b) Social Security Number 220-10-19
4. Sex 5. Color or race 6. (a) Single, married Female White War	d, widowed, or divorced	0	CERTIFICATION 28 19.45,11.75
6. RGL.	e, give ageyears and	. I CERTIFY that death occurred on the dat d that I last saw h	
9. Birthplace Bucklands Raud (Town, county, and state) 10. Usual occupation House 1 11. Industry or business 12. Name 2 12. Name 32 13. Birthplace Bucklands	Dut	e to	
14. Maiden name Margaret M. C. 15. Birthplace Buckhamon	U W. Ya.	(Include pregnancy with	
Address / O Harrison St-Cu 17. Burnal (Burlal, cremation, or removal, Which?) Date thereof.	Le 31 1945 Ac (month) (day) (year)	TYSICIAN: Please moderline the cause in VIOLENCE: If death was due to externa cident, suicide, or homicide	to which death shoold he charged statistically al causes, fill in the following:
Location Carallel Company 18. Funeral director	Jud. Inj	nere did injury occur?(City or to (City or to ured at home, farm, industry, public placeans of injury	wn) (County) (State) e (where?)
Address Cumberland	23	SIGNATURE .	M. D. or other

JAN 4 1946
BUREAU V.S.

....

2411 N. Charles St., Baltimore 95-0

11748

M. D. or other

Date signed 4

• .			CERTIFICA	TE OF DEAT	H	Reg. Dist. No.	4
How long in above place Hospital, institution, or 7 (All Cumberland outside city or town lim	ath occurred	URAL and give nearest town)	2. USUAL RESIDENC (For newborn infan State City or town Cit outsid Street No. 709 . F. 2.(a) If veteran, name war	nd couunherland lecity or town limits rederick & (If rural, give	onty Allegany. s, write RURAL and give t LOCATION)	nearest town)
3. (a) FULL NAM	E					3. (b) Social Secur	rity Number
	Char	lea Po	ter Houce			705-05-80	0.4
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		MEDICAL CE	ERTIFICATION	2/2
lale	White		Larried	2D. DATE DF DEATH	Decembe	r 8 19.4	5 at5-20 Pm
6.(b) Name of husband	or wifelild) If allve, give age .43yea	21. I CERTIFY that death acr	curred on the date abo	ve stated; that I attended	deceased from
8. AGE: Years		Days	It less than one day	Immediate cause of death.	Fintal.		DURATION
55	6	4	hrsml	n.	,,		
9. Birthplace	Harrisbur (Town, co Teles		tate) T	Due to Organ	comple	of plin	6 vis
11. Industry or busines	Baltimor	e & 0	hio Railroad	Lo n	rund	à hefre le	-//
12. Name	John T. 1	louck		Dther conditions			
	Hedgesv	ille,	W. Va.		oregnancy within 3 n	months of donth)	
14. Malden name	Katherin	ie Hoo	ver	Major findings of operation			
15. Birthplace	Harr	isbur	g, Pa,	Miljor madings of operation			
16. Informant	lirs. Char	les P	houck	Antopsy results			
Address 70	9. Frederic	1. St.	Cumberland, 1d.				ged statistically.
17Burial, cremation	ial , or removal. Which?)	Date there	of 12/11/45 (month) (day) (year)	22. VIOLENCE: If death w Accident, suicide, or homici	d e	Date of	
Cemetery or cremate	ory Dill C	rest	Cemetery	Where did injury occur?	(City or town)	(County)	(State)
Location	Cumberl	and.	1.0.				
	William E			Means of Injury	0	injured at work?	
Address	Cumberland				That	111-	

23. SIGNATURE.

Agistrar Address...

VS A15

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

DEC 19 1945

WITHIN CORPORATE LIMITE

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

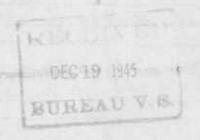
2411 N. Charles St., Baltimore 47-0

7 77240

CERTIFICATE OF DEATH

4	wh.	edi.	6	個	
				-	-

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Classification of the County C	State Danyland County, Allyany
City or town. (If outside city or town limits, write RURAD and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RUPAL, and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ho. 430 Homer Sh
430 Itorres Sh.	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
V. Wlame Ito	yce. 1705-07-9554
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White brarried	20. DATE OF DEATH NES 9 19. 45. 21 6000A
6.(b) Name of husband or wife Francie Samites	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(c) If alive, give age years	19 KJ, to 8 - 9 19 19
7. Birth date of	and that I last saw h Chattee on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
54 6 15hrsmin.	Memorian archioma 12 mi
9. Birthplace (Clayer, county, and state)	Due to
10. Usual occupation Brakeman	
11. Industry or business B & O Ry	Due to
12. Name It had I tryle 13. Birthilace 14. Va.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mansae Dallas 15. Birthplace W. Vac.	Major findings of operations. Would
\$ 15. Birthplace	Date of op.
16. Informant Dess D. Dlange I stayle	Autopsy results.
Address Cambridge	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17 Brish Date thereof 12/12/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Tolland	Where did injury occur?
Location as Committee Land	Injured et home, farm, Industry, public place (where?)
18. Funeral director Assis Steps One	Meens of Injury Injured at work?
Address Complex land	& Ust & 1000 Hard
1 1 11	23. SIGNATURE M. D. or other
19. Nel. 12 19 45 Jos. 5 fracklin	12/10/1 12/10/11
(Date rec'd by registrar)	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 9300 CERTIFICATE OF DEATH Rog. Diat. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of death?......5 Hospital, Institution, or street address, where death Courred information of death cle How long in hospital or institution? 2.(a) It veteran, name war.. 3. (a) FULL NAME 3. (b) Social Security Number MARGIN RESERVED FOR BINDING 19 4.5 at 8:10 A m 8.(c) It alive, give age 6 2 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: tt. Industry or business 12. Name. 13. Birthpiace (Include pregnancy within 3 months of death) import 14. Maiden name Major findings of operations ... 2 15. Birthplace PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes. All in the toliowing Accident, suicide, or homicide, Where did injury occur? (City or town) (County) injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 1B. Funerat director.. 23. SIGNATURE M. D. or other Date signed 2 -17-5



age

correct

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-0

11751

	CERTIFICAT	E OF DEATH	Reg. Dist. No.
City or town (If outside city or town limits, write How long in above place of death?	e RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State	nother)
Hospital, institution, or street address where death occur	red:	Street No. 519 7140	Are LOCATION)
How long in hospital or institution?	***************************************	2.(a) If veteran, name war	Mar.
3.(a) FULL NAME Amos 57	7	: 5	3. (b) Social Security Number 217-10 - 7058
	ngle, married, widowed, or divorced	MEDICAL C	ERTIFICATION
7 6 2	ivorced	20 DAYE DE DEATH DOCATA	12, 19.45 at 3:45 PL M
6.(b) Name of husband or wife	Reduc	21. I CERTIFY That death occurred on the date at	
	S.(c) If alive, give age3.8years	. //	19
deceased (mo., day, yr.) April 25,		Immediate cause of death	And DURATION
8. AGE: Years Months Days	If less than one day	milestatio	Decema
41 7 17	hrs min.,		- celon
9. Birthplace Bed ford Co (Town, county, an	d state)	Due to Due to	2 4 14-
10. Usual occupation Twisting		Due to	
11. Industry or business Celanese		, Due 10.	
12. Name George P. Hy	mes	Dither conditions	
13. Birthplace Bedford Co.			***************************************
H 14. Malden name Nancy 54	tumes	(Include pregnancy within 8	months of death)
To martien name	2	Major findings of operations.	
14. Malden name Noncy 5. 1. 15. Birthplace Artemas, T. 16. Informant William M. Hy.	4. 4.5	Á.A	
		PHYSICIAN: Please anderline the cause to w	
Address Cumberland, 1	/ .	22. VIOLENCE: If death was due to external ca	uses, fill in the following:
17. Burial Date th	ereof December 14 1945 (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory Mt. Hope Che	. ~	Where did injury occur?(City or town)	(County) (State)
Location toni Narth of Enst	Side of Polish Mt.	Injured at home, farm, industry, public place (v	where?)
18. Funeral director. The fact of the first	to fee	Means of Injury	Injured at work?
Address Engelebre Paper	tud.	23. SIGNATURE MRB C	wens-
19 (Date rec'd by registrar)	Baublie, M. D. Registrar	Address 13-3 Va Cell	M. D. or other

VS A15

PLEASE WRITE

DEC19 1945 BUREAU V.S. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

11752

nis	ERTIFICATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	(If outside city or fown limita, write RURAL and give pearest town) Street No. (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Della Doyal	
4. Sex 5. Color or race 6.(a)Single, married, w	
E W Marri	,
8. AGE: Years Months Days If less to the Country, and state) 9. Birthplace (Town, country, and state) 10. Usual occupation	19
11. Industry or business Own 104 E	Other conditions.
13. Birthpiace Pennsylvania 14. Maiden name Gora Goff 15. Birthpiace Deer Fork, Md.	Major hadings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cometery or crematory Greenmount Come Location Cunterland, Md	22. VIOLENCE: If death was due to external causea, fill in the following; Accident, suicide, or homicide
Address Consideration Production 18. Funeral director. Address Consideration Production 18. Address Consideration Production 18. Address Consideration Production 18. Address Consideration Production 18. Address Consideration 1	21. 10 23. SIGNATURE DANGE H. B. D. or other

Registrar Address.....

Cumberland, Maryland

Oo.

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Dec 27 19 (Date rec'd by registrar)

JAN 3 1946

BURLANT -

2411 N. Charles St., Baltimore 45-4

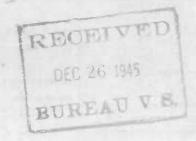
11753

			CERTI	FICAT	TE OF DEATH Reg. Dist. No.
County	LE RIAN de city or town li leath?	death occurred: SPITAI	••••••	town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State PENNA County BEDFORDY City or town RT & #3 LAKE GORDON (If outside city or town limits, write RURAL and give nearest town) Street No
3. (a) FULL NAME					3. (b) Social Security Number
210,00	GURNEY	INGRAD	1		None
	Color or race	b.(a)single,	married, widowed, or divo	rced	MEDICAL CERTIFICATION
MALE	WHITE	MAR	RIED		20. DATE OF DEATH DEC. 18, 1945, 10:30 A
6.(b) Name of husband or to 7. Birth date of deceased (mo., day, yr.)			If alive, give age?.	years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOV 29 19 45, to DEC 18 19 45 and that I last saw h IM alive on DEC 18 19 45 Immedia Sause of death OURATION
8. AGE: Years	Months 8	Days	If less than one day		Carly on a
10. Usual occupation 11. Industry or business 12. NameJAM 13. Sirthplace MI	ES INGR				Due to
	NNESOTA	TO STIME PERSON	<i>a</i>		(Include pregnancy within 6 roof last)
14. Malden name 15. Birthplace	EUN LCE	BENHEI	4		Major findings of uperations.
16. informani	MINNESC MORIAL MBERLAN	HOSP I			Autopsy results
17. (Burial, cremation, or Cemetery or crematory) Location	XI. W	Date thereo	Janeth (day) Janeth Janeth Janeth Janeth Janeth	year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

VS A15

PLEASE



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The of sepecially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /0

11754

CERTIFICATE OF DEATH

27.001

			CERTIFIC	ATE OF DEATH	Re	g. Dist. No	********	
1. PLACE OF DE.		Y		2. USUAL RESIDENCE (For newborn infants given	HOME) OF DECEAS ve residence of mother)	ED:		
			URAL and give nearest town)		State MARYLAND County AIJ CANY			
			CURAL and give nearest town)	Cily or town(If outside city	CUMBERL	AND		
Hospital, Institution, or	street address where	death occurred	l:	Street N. 146 WINE				
			\I.	•••••	(If rural, give LOCATION	1)		
3. (a) FULL NAME		UAL.S		2.(a) If veteran, name war				
	ESS ANNA	JOHNS	SON		3. (b) S	Social Security Number		
4. Sax	5. Color or race	6.(a)Single	e, married, widowed, or divorced	ME	DICAL CERTIFIC	CATION		
FEMALE	COLOR	ED	SINGLE	2D. DATE DF DEATH	DEC 11,	45 2:35	PM	
6.(b) Name of husband	or wife	***************************************	***************************************					
		6. (6	e) If alive, give age	vears DEC. 6,		,		
7. Dirth date of deceased (mo., day, y		NE 1		and that I last saw h@.3?allv		The second secon		
8. AGE: Years		Days	If less than one day	Immediate cause death			RATION	
63	6	10	hrs	min.	1 man		ke	
9 Rirthniana	MARYLAN	0				4		
o. withington	(Town,	county, and s	tate)					
1D. Usuat occupation	HOUSE	WORK	***************************************	Duo to	•			
11. Industry or business			/					
12. Name	+ Low		50507	Other conditions		***************************************	************	
13. Birthplace	Ministration of the second		-//	(Include pregna	ancy within 3 months of de	sth)	-	
14. Maiden name			96/e	Major findings of operations	11			
🗏 15. Birthplace	MARTINE	1000	efield, w.Vo			Date of op.	2	
			TPAL	Autopsy results		ould be charged statisticall		
Address	CUMBERL	,		22. VIOLENCE: If death was du	e to external causes, filt in th	e following;		
17. Burist, cremation,	or removal. Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide			· · · · · · · · · · · · · · · · · · ·	
		,			City or town)	County) (State)		
	, ,							
/	11.1	Ilal.		Maans of Injury		ured at work?		
1B. Funeral director	Jacq pe	1	- /		7/1			
Address Colo	woodela	may 1	Tyd.	23. SIGNATUBE	·UML	han	0	
19 CC.	4, 19 45	7.1.	Sauklin M. Regis	2. (//	100	M. Dosther	13 - 1	
(Date rec'd by reg	gistrar)	//	Regis	trar Address				

DEC 19 1945 BUREAU V.S. 2411 N. Charles St., Baltimore

The correct age

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

,	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) if veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race (A.a) Single, married, widowed, or divorce walk Surgh	MEDICAL CERTIFICATION 2D. DATE DF DEATH. Dec., 20, 1945, at 5 4
8. (b) Name of husband or wife	Immediate cause of death DURATION Min. Muslowy of water days Cough Immediate cause of death Imm
9. Birthplace (Town, guints, and state) 10. Usuat occupation. 11. Industry or business	Due to
12. Name John Robert Janes 13. Birthplace Scranton Pa.	Other conditions
14. Malden name. Mangaret A. Wiggle 15. Birthplace Cumbulant his	Major findings of operations. Date of op.
16. Informant Advised Coleman Address Fronthury R.F.O. L 17. Durial (Burial, cremation, or removal, Which] (Burial, cremation, or removal, Which]	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill to the following; Accident, suicide, or homicide.
Cemetery or crematory Old Concey Constant	Where did Injury occur?
16. Funeral directors. Address 19. Description (Date rec'd by registrar) 19. Date rec'd by registrar)	Means of injury Means of injury 10 Injured at work? 10 Injured at work? M. D. or other 11 Injured at work? M. D. or other 12 Injured at work?

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DEC 26 1945

BUREAU V.S.

2411 N. Charles St., Baltimore

M. D. or other

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The confidence of death clearly and legibly. (For newborn infants give residence of mother) Allegany Lonaconing (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... (If outside city or town limita, writs RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 10 Hanecamp St. (If rural, give LOCATION) How long in hospital or institution?... 3. (b) Social Security Number 3. (a) FULL NAME Joseph Haves Jones 216-07-2733 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex White Widower Male Myrtle Jones 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from B.(b) Name of husband or wife 7. Birth dale of Aug. 27, 1870 deceased (mo., day, yr.) DURATION It less than one day 8. AGE: 68 Lonaconing-Allegany-Md. Watchman 1D. Usual occupation... 11. Industry or business 12. Name...... 13. Birthplace Daniel T. Jones Nova. Scotia (Include pregnancy within 3 months of death) Jean Kirkwood 14. Malden na 15. Birthplace 14. Malden name. Major findings of operations..... Eckhart. Md. Rethia Jones 18. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Lonaconing. Md. Address -22. VIOLENCE: It death was due to external causes, till in the tollowing: Date thereot Accident, suicide, or homicide,..... Where did injury occur?(City or town) M.E. Cemetery Mt. Savage, Md. Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury Ellsworth S. Boal.

WRITE PLAINL PLEASE

18. Funeral director...

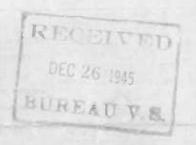
(Date rec'd by registrar)

Westernport. Md.



11757

	rles St., Baltimore 490)
CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war.
(a) FULL NAME Rita Cacelia Karp	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH DECEMBER 21 19 45 21 7:30 F
B.(b) Name of husband or wife Mex (2015) 7. Sirth date of deceased (mo., day, yr.) June 3 nd, 192/ 8. AGE: Years Months Days If less than one day 24 6 3 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation. However, and state 11. Industry or business	Immediate cause of death DURATION
12. Name. Dobet Meyer Karn 13. Birthplace Peterburch, Par 14. Malden name. Dodie Robelbrode 15. Birthplace Poland Address 205 Suphart	Olher conditions Metalogical and Metalogical (Include pregnancy within 3 months of death) Major findings of operations Metalogical obstruction Metalogical Metalogical obstruction Major findings of operations Metalogical obstruction Metalogical obstruc
17 Barrial, eremation, or reviewal, Which? Cemetery or crematory Location 18. Funeral director Address Date thereof. Date (January) January Date thereof. Date (January) Date (January	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Address Combolaca ma	23. SIGNATURE R. / Elech Radebone M. D.



Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (3) correct age CERTIFICATE OF DEATH Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The confident of death clearly and legibly. (For newborn infants give residence of mother) County Allegany (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death Docurred: 806 Columbia Ave Columbia Ave 806 (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war..... 3. (b) Social Security Number 3. (a) FULL NAME William Edgar Kegg 214-05-8135 MEDICAL CERTIFICATION ery item of i MARGIN RESERVED FOR BINDING Married 20. DATE OF DEATH DECEMBEY 26 1945 at 9:00 P M 8. (b) Name of husband or wife Tosaphine Rohmon Kegg 21. LCERTIFY fhat death occurred on the date above stated; that I attended deceased from - 10 Vec 26 1945 write deceased (mo., day, yr.) DURATION Supply If less than one day 8. AGE: Years 70hrs. 9. Birthplace Teyers dale (Town, county, and state) ADING INI Physicians: Solesmon 10. Usual occupation.... 11. Industry or business Bofing 12. Name Hadrow 13. Birthplace /Tai (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Maiden name..../. especially PHYSICIAN: Please underline the cause to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Dec 29 1945

(month) (day) (year) 17. Burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) Paul Cometery (County) Injured at home, farm, industry, public place (where?) Injured af work? Means of Injury 18. Funeral director.

JAN 3 1946 BUREAUTS The correct age CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 634

4 11750 J

CERTIFICAT	FE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occupied: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Po) newborn infants give residence of mother) State County City or town (If outside city or town limits, write RUITAL and give nearest town) Street No
3. (a) FULL NAME Omnie Brudgeh 4. Sex 5. Cojor or tace 6. (a) Single, married, widowed, or despreed	Kennese 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or descrete Hemale White Windowsky or descrete	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.45 is Alle 12 19.45. and that I last saw h. A. alive on Proceedings of the Alle 12 19.45. Immediate cause of death. DURATION Due to Hyperthysial Alice 2. Due to What I last saw h. A. alive on Proceedings of the Alice 2. Due to Due to Duration I last saw h. A. alive on Proceedings of the Alice 2. Due to Due to Duration I last saw h. A. alive on Proceedings of the Alice 2. Due to Duration I last saw h. A. alive on Proceedings of the Alice 2. Due to Duration I last saw h. A. alive on Proceedings of the Alice 2. Due to Duration I last saw h. A. alive on Proceedings of the Alice 2. Due to Duration I last saw h. A. alive on Proceedings of the Alice 2. Due to Duration I last saw h. A. alive on Proceedings of the Alice 2. Due to Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Alice 2. Duration I last saw h. A. alive on Proceedings of the Al
12. Name Italian Stand Seland 13. Birthelice Island 14. Maiden name Elizabeth One Partland 15. Birthplace Island	Other conditions of death) (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Jasons I Tenney Address Cumberland	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director de majo Stary Dane	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
19. Dec. 14, 19. 45 Jos J. Sauklin M. 2. (Dato rec'd by registrar)	23. SIGNATURE Blow M. Schedle M. M. D. or other Address 41 Sleve It, Date signed blow 13/1/4

A15 NS WRITE

PLEASE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC 19 1945 BUREAU V.S.

CERTIFICATE OF DEATH

11	760 4	
	No.	

Within cor	porate limits			arlea St., Baltimore 1975 11760
orrect .			CERTIFICA	ATE OF DEATH Reg. Dist. No.
The corr	Cumberland, Maryland			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
information carefully.	(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			City or town Cumberland
ormati	3. (a) FULL NAMI			3. (b) Social Security Number
of	4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	Male	White	Married	20. DATE OF DEATH. 12/26 19. 45 ,1 12:10P M
BINDING ry item of the causes	6.(b) Name of husband	U(W) C	usan Lacey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
FOR ly eve	7. Birth date of deceased (mo., day, y	r.) April 4	th, 1863	and that I last saw h alire on 18
ERVED FOR BIN Supply every if	8. AGE: Years	Months	27nrsm	
RESERVED INK. Supparents: please	9. Birthplace	Retired	inty, and state)	Due to Chrano Nephoto 34
RGIN RESE ADING INK Physicians: 1	10. Usual occupation 11. Industry or busines	030 P	R. Boll in Horse Slo	Due to.
er Co	12. Name		reland	(Include pregnancy within 3 months of death)
WITH UNI	14. Malden name.	mas	y King Iseland	Major findings of operations
X, Wally in	18. Informant	mro Se	san Lacey	Antopsy results
PLAINLY, vis especially	Address 11. Beese	or removal. Winteh?)	Bate thereof. (month) (day), (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
TE P	(Burial, cremation	WY	tucks (month) (day) (year)	Where did injury occur?
9.45-11	Location	Chas	L'Esque	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
A15 EASE	Address	Cumb	leslaul, End.	23. SIGNATURE That. A Nord no.
VS PLE	19. (Date rec'd by re	28, 1945 gistrar)	y. 1. Osaublu, M. Registr	Address Court by Just Date signed 44 3

RECRIVED

JAN 3 1946

SEAL & BUILD ON BUILDING

UNFADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly.

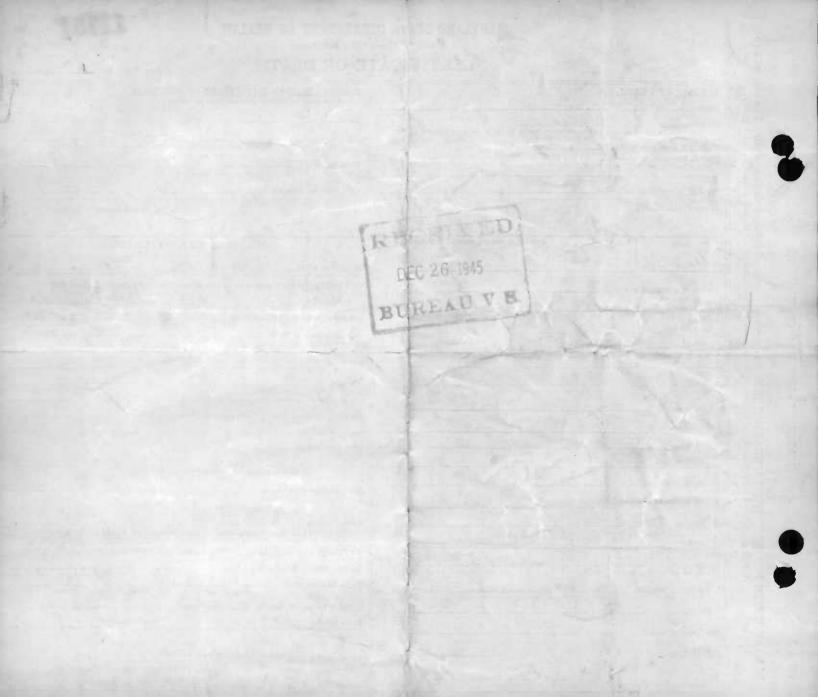
PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 78-2

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town (Re outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where iteath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL sporgive nearest town) Street No. (If rural, give LOCATION)
Now long to hospital or Institution?	2.(a) It veteran, name war
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced Figure 1. Sex 1.	3. (b) Social Segurity Number MEDICAL CERTIFICATION 20. BATE DE DEATH Dec. 14 1945 31 /0'35 Am
8.(b) Name of husband or wife	20. DATE DF DEATH 19 at
8. AGE: Years Months Days It less than one day 9. Birthplace (Town, ebunty, and state) 10. Usual occupation (Town, ebunty, and state) 11. Industry or business (Town, ebunty, and state) 12. Name (Town, ebunty, and state) 13. Birthplace (Town, ebunty, and state)	Due to
18. Interment 2005 Frankfin 24c Clare Address & Judland Md.	Autopsy results
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE Itlany hr. Itodgan M.D. or other M.D. or other Address. L. Lucuiniana, bury. Date signebles. 18 445



MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	4	1	17	0	9	
	1	L	6	U	C	4
-	D	-	v			-1

			CERTIFICA	Reg. Diat. No.
1. PLACE OF DEA	Δ77	ecany	•	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town. Cumber land (If ontside city or town limits, write RURAL and give nearest town)		**************************************	State Laryland County Allegany	
			Years	City or lown
How long in above place Hospital, Institution, or	street address where o	death occurred	d:	(If outside city or town limits, write RURAL and give nearest town) Street No. 6. Decatur St
	6. Decat	ur St		Street No. (If rural, give LOCATION)
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
	Carl	Leon	Leonard	214-05-8618
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White		Married	20. DATE OF DEATH. December 4 19 45 ,at 1-30 P. M
	T	22]22 To	onend	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband	or wife	ити пе	Olfert C	
7. Birth date of	***************************************	6.(c) If alive, give age	end that I last saw h alive on 19 4
deceased (mo., day, y	.) Де	cemper) 1884	Immediate cause of death, angma OURATION
8. AGE: Years	Months	Days	If less than one day	Bectorfus 1427
61	0	1	hrs min.	
			y Co, Laryland	Due to Dream The and 4 Jan
11. Industry or business			tor Express	Due to
			eonard	
12. Name	Browns			Dither conditions
14. Maiden name			teiner	(Include pregnancy within 3 months of death)
14. Malden name 15. Birthplace	Cumber			Major fiadings of operations
				Date of op.
16. Informant	s. Carl L.	Lenna	ard	Autopsy results
Address 6. De	ecatur St.	Cumbe	rland, Md.	,
17. Bur : (Burial, cremation,	ial	Date there	eof. 12/7/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
			11 Cenetery	
				Where did injury occur?
			4 1.61 0	Injured et home, farm, Industry, public place (where?)
18. Funeral director	w illi	am H.	Kicht	d .
Address	Cumberl	and, L	d.	23 SIGNATURE Street. It I am
19. Oute rec'd by reg	7 19 4 5	foo	P. Franklin M. L. Registrar	Address Country from Date signed 4 3

DEC 14 1945 BUREAU V.S.

1	2411 N. Charles	St., Baltimore %	11763
	CERTIFICAT	E OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOM	E) OF DECEASED:
ounty surgary	4	(For newborn infants give reside	// /
(If outside city or town limits, Write RUR.	J The	State US/ Vuguna	County
How long in above place of death?	12 O 4	City or town	a limits, write RURAL and give nearest town
Hospital, Institution, or street address where death occurred:	1-10		
memorial for	pilal	Street No(If rura	l, give LOCATION)
How long in hospital or institution?	<u> </u>	2.(a) If veteran, name war	
3. (a) EULL NAME		16	3. (b) Social Security Number
Cheate 1 hot	ton		Mone/
4. Sex 5. Color or race 6(a) Syrgle, ma	arried, widowed, or divorced	MEDICA	L CERTIFICATION
M W. Sun	igle	20. DATE OF DEATH	V-18-158
6.(b) Name of husband or wife	,/	/ - //	ate above stated; that I attended deceased from
	alive, give ageyears	• /	19. 4. 5, io. 2. 6. 19.
7. Birth date of deceased (mo., day, yr.)	935	and that I last saw harmone on	N.
8. AGE: Years Months Days	If less than one day	Immediate cause of Seath	1
10 35 8 11	hrsmin.	Reserve	MI
Moneyie	1 12/10	4-9-4-	1 /12
9. Birthplace		Due to	
10. Usual occupation	out.	Due to	•
11. Industry or business	1	Due IV	***************************************
	opton	Diher conditions	
12. Name 12. Name 13. Birthplace	0.0.		
	Jean	(Include pregnancy wi	thin a nombhs of death)
14. Maiden name Safel		Major findings of operations	17.00
15. Birthplace	A	2/10-	Dale of op.
16. Informani		Autopsy results.	to which death should be charged statistical
Address Moorey 1	eld. W.Va		
17 Burial Gate there of	Dec. 22 1945	22. VIOLENCE: If death was due to exten	
(Burial, cremation, or removal. Which?)	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory MV Olyvet	ew,	Where did injury occur?(City or	town) (County) (State)
Location Morse field	U.Va	Injured at home, farm, Industry, public pl	ace (where?)
P & There	11	Means of Injury	Injured at work?
18. Funeral director.	1111	21.	T- Winn
Address Moorefield	d W.Va	23. SIGNATURE	·/ pella
19. Dec 21, 19 45 J. P.C	Tranklin, M.D.		M. Brorother
19. (Date rec'd hy registrar)	Registrar	Address	Applie signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct all is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

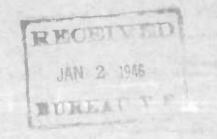
2411 N. Charles St., Baltimore 1672

CERTIFICATE OF DEATH

11764

	Dist		Y	
3.7				

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother) State
City or town	
How long in above place of death?	City or town. (12 outside city or town ilmits, write RURAL and give occarest town)
Hospital, Institution, or street address where death occurred:	Street No
Minlu Harfutal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Baby Boy Logadon	
4. Sex 5. Color of race 6.(a)Single, married, withowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH Dev. 30 18 45 nt 4 9. M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	Ose 29 1945 10 Dec 30 1945
7. Birth date of	and that I last saw h. Asia alive on A 29th 19.45
deceased (mo., day, yr.) AF Lul 77, 1745 8 AGE: Years Months Days If less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Conquital heart defect Iday
min.	- Blue baly
8. Birthplace Jack and Crown, county, any state)	Due fo
10. Usual occupation	Due fo
11. Industry or business	-
E 12. Name Come the things of the state of t	Dther conditions
Z 13. Birthplace Santon, My	(Include pregnuncy within 8 months of death)
14. Maiden name Man Wanda beling	Major fiudiugs of operations
\$ 15. Birthplace Westernhort will	- Date of op.
16. Informant James Clement Logsdon	Autopsy results
Address Barton, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremution, or removed. Which?) (But thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of Vetter Cemetery	Where did injury occur? (City or town) (County) (State)
Location Westernhost Mill. V	Injured af home, farm, addustry, public place (where?)
Ell + E. Real	Means of Injury Injured nt work?
18. Funeral director	No IP 7
Address Westernhow Mu.	23. SIGNATURE / Woman / Leur, M. N
10 12-30 1045- Mus. Xallell N. Kas	M. D. or other
(Date rec'd by registrar) Registrar	Address Westernbart Mo. Date signed / 2-50-45



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DR. DAUGHERTY

1 PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 546

2 USUAL RESIDENCE (HOME) OF DECEASED.

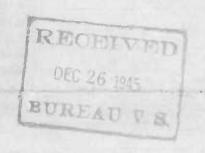
CERTIFICATE OF DEATH

County	(For newborn infants give residence of mother) State MARYLAND County ALLEGANY CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) 427 VIRGINIA AVE (If rural, give LOCATION) (If rural, give LOCATION)
3.(a) FULL NAME DAVID LONG	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MALE WHITE CHILD	MEDICAL CERTIFICATION 20. DATE DF DEATH DECEMBER 19 19 45 at 4:50 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 3 4 6hrs	Immedian cause of death Diraction Duration This is a second of the se
9. Birthplace MARYIAND (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name OSCAR LONG MARYIAND 13. Birthplace MARYIAND	Other conditions hove
14. Malden name DOROTHY KRIEGER MARYLAND 15. Birthplace MEMORIAL HOSPITAL Address CUMBERLAND, MD.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Dech 1945 Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address 19. (Date rec'd by registrar) Registra	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.



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2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

correct age

MARGIN RESERVED FOR BINDING

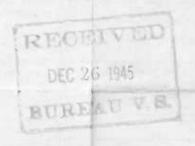
VS A15

Reg. Dist. No.

Uo.

egany

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Classification of the County County County	(For newborn infanta/give residence of mother)
City or town. (If patside city or town limit, write RURAL and give nearest town)	State County County
How long in above place of dealh?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where doubt occurred:	Street No. 177 Comments
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Thomas Joseph Lynch	105-15-4086
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P.
male While married	20. DATE OF DEATH December 20th., 1045 at 3.45 m
8.(b) Nams of husband or wife Command Default Light	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age yea	19
7. Birth date of deceased (mo., day, yr.) ling. 11-1889	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Embolism Coronary 10 min.
58 3 11hrs. mi	
9. Birthplace (Town, county, and state)	Due to.
1010 01	
10. Usual occupation 11. industry or business B & O. R. R. Co.	Due to
12. Name Oolen Leynel	Olher conditions Comminuted fractures of both
13. Birthplace - Inthony	legs. (Include pregnancy within 3 months of death)
14. Majden name Variation Standing	Major findiage of operations reduction of fractures.
15. Birthplace	Major findings of operations
P. MO Dressels	Aatopsy results no autopsy
16. Informant 447 10 / 21, Fa-J/m	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
Address 17 1 office and St. Tresting	22. VIOLENCE: If death was due to external causes, fill in the following: Under investigation 12-19-45 Accident, suicide, or homicide.
(Burlal, eremation, or removal. Which?) Date thereof (month) (dar), (year)	Accident, suicide, or homicide.
Cemetery or crematory It of performance Cemetery or crematory	(City or town) (County) (State)
Location Treathers My	tnjured at home, farm, Industry, public place (where?) highway
18. Funoral director Cal Gift Wante	Mesns of Injury struck by auto Injured at work? no
Address Fortling Ish.	23 SIGNATURE PLANS H. BOLLOW W. B.
12-22 Un Xu Hallow A. A.	M. D. or other
(Date rec'd by registrar) Registr	Address Cumberland, Maryland Date signed 12-20-45

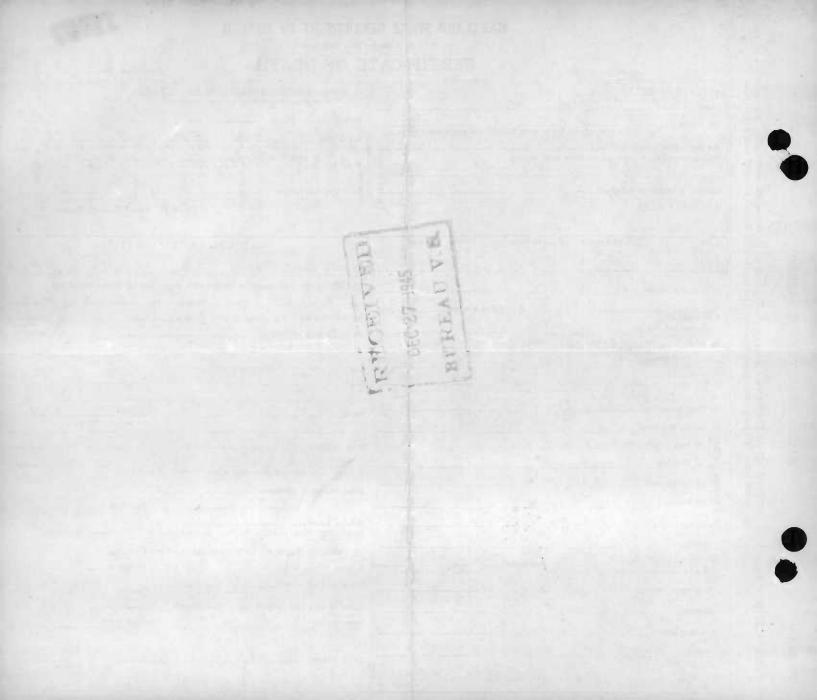


2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

. Dist. No.

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If obtside city or town limits, water RUBAX and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State May County County City or town (It outsidecity as your limits, write RURAL and give newest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Stalter Mackey	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE DF DEATH 19.45 31 3 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45
8. AGE: Years Months Days If less than one day 75 27hrsmin.	Immediato cause of death DURATION
9. Birthplace (Town county, and state)	Due to
11. Industry or business Levrage Coker Coal Co	Due to
12. Name Langer Duachery 13. Birthplace Scritland	Other conditions
14. Maiden name Many Lamon 15. Birthplace Scotland	(Include pregnancy within 8 months of death) Major findings of operations
16. Interment a grand Lillackay	Antopsy results
Address 17 Burnal (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory allegany Cemetery Location Frosthand and	Where did injury occur?
18. Funeral director M. Wichhorn	Means of Injury Injured at work?
Address Forac oring Ald	23. SIGNATURE M. D. or other M. D. or other M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No.

County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	inv		
			City or town Barton (If outside city or town limits, write RURAL and give nearest town)			
			Street No	*****		
			(If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NA				ecurity Number		
		a Ann Magruder	D. (0) Doctor D.	reality Manuel		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	N		
Female	White	Married	20. DATE OF DEATH. Dec. 21	45 615a.		
S,(b) Name of husband or wife Howard Magruder			21. I CERTIFY that death occurred on the date above stated; that attended deceased from			
7. Birth date of	y, yr.) May B,		and that I last saw h. 11 affive on Div 20	19.45		
8. AGE: Yes	ars Months	Days It less than one day	Usate Gas fretis	DURATION 2 days		
Jacksonville-Duvall-Floreda			aute myocardial failure	·		
9. Birthplace	(Town.	county, and state)	Due to			
1D. Usual occupation						
			Due to			
12. Hame	Not Known		Dither conditions			
13. Birthplace 14. Maiden name Note Known 15. Birthplace			(Include pregnancy within 3 months of death)			
			(Include pregnancy within 3 months of death) Major findings ol operations			
	Journal Ma	mmu d a u	Date of o	p		
18. Informant Howard Magruder			Autopsy results			
Address Barton, Md.			22. VIOLENCE: It death was due to external causes, fill in the followin			
17. Bur	ial on, or removal. Which?	Date thereof Dec. 23 45 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Laurel Hill Cem.			Where did injury occur?(City or town) (County)	(State)		
Location	Moccom		Injured at home, farm, Industry, public place (where?)			
		th S. Boal	Means of injury Injured at wo	ork?		
Address		nport. Md.	Thomas Keenes	7. 6)		
			23. SIGNATURE	M. D. or other		
19/0001	4 2 19 4 3	albanen haber	Westernhort md	12.13 YJ		



11769

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn offants give residence of mother)

3. (b) Social Security Number

• •
1. PLACE OF DEATH:
County Allegans,
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution or street address where death opported:
50 bressep St.
the set beautiful or feether and

(For newborn infants give residence of mother)

State County County County City or town (If outside city or town infants, write RURAL and give nearest town)

Street Mo. (If rural, give LOCATION)

3. (a) FULL NAME 5. Color or race 6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Years Months 8. AGE: Bays 9. Birthnlace ... 16. Usual occupation. 11. Industry or business 12. Name ... 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name

2D. DATE OF DEATH.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 45.

19. 45.

19. 45.

19. 45.

19. 45.

19. 45.

19. 45.

19. 45.

20. DURATION

DURATION

DURATION

DURATION

MEDICAL CERTIFICATION

Diver conditions of death)

Antopsy resu	ts	 	 	 	
PHYSICIAN:					

Major findings of operations.

. VIOLENCE:	If death was due to external causes, fill in the	following;
cident, suicide,	or homicide	Date of

Where did in	ury occur?	(City	(County)		
Injured at hor	ne, farm, Industr	y, public	place	(where?)	*****
Means of Inju	ry				injured at work?

injured at work?

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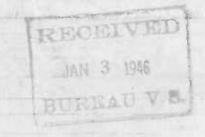
(month) (day) (year

Escale Colonelle

M. D. or other

(State)

he charged statistically



2411 N. Charles St., Baltimore /34

CERTIFICATE OF DEATH

Reg. Dist. No.

DURATION

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town ons How long in above place of death?.. Nospital Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or pace 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING 21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from FOR 7. Birth date of and that I last saw h.C.T. alive on deceased (mo., day, yr.) 8. AGE: It less than one day MARGIN RESERVED 1D. Usual occupation tt. Industry or business 12. Name.... with UNF! (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace 14. Malden name... Major findings of operations..... t8. Informant

(month) (day) (year)

Registrar

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did injury occur?(City or town)

Injured at home, tarm, industry, public place (where?) Injured at work? Means of Injury

(County)

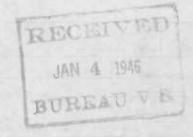
Date signed DEC.

PL s e

PLEASE

Address

(Dato rec'd by registrar)



PLEASE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

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4	#			U	1
					بها

.Date signed.....

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOM (For newborn infants give reside	ence of mother)
Slate md	County of allegang
City or town(If outside city or town	n limits, write RUPAL and give nearest town)
	al, afeli
2.(a) If veteran, name war	
	3. (b) Social Security Number
ex and a second	none
	L CERTIFICATION
20. DATE OF DEATH DECEN	uber 10 19 45 1 2 A.
	date above stated; that I ettended deceased from
and the Llast saw h 1 17 Jalive on	19 40, to Dec. 10 19 45 Olec 9 19 45
Immediate cause of death	DURATION
Chronic myo	carditis. 4-54
Due to arterio Sola	
Busto	
5 96 (V	
	A
	this 3 mouths of death)
	X
Major findings of operations	Date of op.
Autopsy results	e to which death should he charged statistically.
22. VIOLENCE: If death was due to exten	
Accident, suicide, or homicide	Date of
Where did injury occur?(City or	town) (County) (State)
Injured at home, farm, Industry, public pl	
Meens of Injury	Injured at work?
01	Sield, M.D.

1. PLACE OF DEATH: (If outside city or town limits, write RERAL and give nearest town How long in above place of death?.... Hospital, Institution, or street address where death occurred How long in hospital or institution; 3. (a) FULL NAME 4. Sex 5. Color or rade 6. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Months Days If less than one day 8. AGE: 9. Birthplace..... (Town, county, and state) 10. Usual occupation... 11. Industry or business 12. Name...... 13. Birthplace 14. Maiden na 14. Maiden name Address Date thereof ... (Burial, cremation, or removal, Which?) Cemetery or crematory...... 1B. Funeral director Address Registra Address (Date rec'd by registrar)

DEC 14 1945 BURLEAU V. S. ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

BINDING

MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-0

CERTIFICAT	TE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If ontside city or town limits, write RUEAL and give nearest town) Street No. 3.0.0 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) y veteran, name war
3.(a) FULL NAME Minnie Mer	3. (b) Social Security Number
Secretary 5. Color or race 6.(a) Single, married, widowed, or divorced Muchowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 45 1 1 6 M
S.(b) Name of husband or wife John Control of husband or wife	21. I CENTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, county, and state)	Immediate cause of death Immediate cause of death DURATION Due to.
10. Usual occupation	Due to
12. Name Verry Stille 13. Birthplace 14. Maiden name Brillie Onublisherg. 15. Birthplace	(Include pregnancy within 3 months of death)
16. Informant Inso Don Eyler	Major findings of operations
Address 17. (Buriai, cremation, or removai. Which?) Date thereol. (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, till in the following: Accident, suicide, or homicide
Cometery or crematory Manual Stand	Where did injury occur?
18. Funeral director desiral Stein ha	Means of Injury Injured at work? 23. SIGNATURE S. Th. Crevaskis M. S.
19. Laultu, M.D. (Date rec'd by registrar) 19. 46 J. F. Franklin, M.D. Registrar	Address in where and Date signed 31-45

JAN 4 1946 BURKAD V S MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159



Reg. Diat. No.

11772

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For peuboru infants ave residence of mother)		
County County	State Mary Sand County Cellegany		
(If outside city or town limit, write RURAL and give nearest town)	This Could be		
How long in above place of death? 19 hours	City or towo		
Hospital, institution, or street address where death occurred: Manual	Street No		
How long in hospital or institution? 19 hours	2,(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
mary to mets			
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Famale White Single	20, DATE DE DEATH DECEMBER 7 19.45 at 11 A		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B.(b) Hame of huaband or wife	12/6 19.43 , to 12/1 19.43		
7. Birth date of Dacamber (945	and that I last saw h. 2 alive on 19.00		
8. AGE: Years Months Days If less than one day	Immediate cause uf death		
6. AGE: 19 hrs. min	must table bis to		
T - H . Sand	- Many sport out of		
9. Birihplace	. Bue to		
10. Usual occupation	- Cue to.		
11. Industry or business	506 (U		
	- Other conditions		
12. Hame 200 ph Missing 12. Hame Chi Callo Allerois	(Include pregnancy within 3 months of death)		
# 14. Maiden came Florence Jours			
14. Maiden oame Therries fores 15. Birthplace National, Rud	Major findings of operations		
MAN JOSEPH MARY	Autopsy results.		
18. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.		
Address Malano, Ma	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial cremation or remayal Which?) Oale thereof (month) (day) (year)	Accident, autoide, or homicide		
Cemetery or creedity Cellegally Clu	Where did injury occur?		
Location Gastleing Md.	Injured at home, farm, Industry, public place (where?)		
M. Pinleaner	Means of Injury Injured at work?		
18. Funerel director	11 Of 10 10 Ofre MID		
Address Tonaloning Ma.	23. SIGHATURE A JOHN SURVEY M. D. or other		
19.12-7 19.45 Kus Haucy No. K	Frostbelry Me Date stoned 217/45		
(Date rec'd by registrar) Registra	Address		

MARTING TEATH DEPARTMENT OF MARIENT

DEC 10 1945
BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CORPORATE LIMITS		DEPARTMENT OF HEALTH	11773
	CERTIFICA	TE OF DEATH	Reg. Dist. No.
City or town	Hospital	State	ts, write RURAL and give nearest town) treet c LOCATION)
3. (a) FULL NAME	Charles Metzger		3. (b) Social Security Number 212-24-2371
4. Sex 5. Color or r	ace 6.(a)Single, married, widowed, or divorced		ERTIFICATION ber 1 19 45 at 11 P. N
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 9. Dirthplace Fig. 12. Name Fig. 12. Name Fig. 13. Birthplace 14. Maiden name Fig. 15. Birthplace 16. Intormani Fig. 16.	s.(c) If allve, give ageyear ust 1st 187 6	and that I last saw halive on	DURATION DURATION Were works Duration Dur
Address 17	Which?) Date thereof (month) (day) (year) Which?) Company (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	(County) (State)
Address 19 ODL 4 19 (Date rec'd by registrar)	Meled. 45 Jos. P. Fraublin M. L. Registral	23. SIGNATURE. L. Kon	M. D. or other Date signed / 2 - 2 + 3

DEC 14 1947 BURLAU V.B.

TELECONAL COMPT

A15 ASA

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

		2.0
ī		

Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn Intagts give residence of mother)
City or town	State County County
How long in above place of death?	City or town (Noutelds city or town limits, write RURAL and give hearest town)
Hospital, institution, or street address where death occurred:	Sireet No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME annie Martin 7	Michaels 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tourse white Widowed	20. DATE OF DEATH, OCC 2 19.43 at 7:49
8 (b) Name at husband or wife Joseph Michaels	21. I CERTIFY that death occurred on the date above stated, that I attended deceased from
	July 19 1945 to Dec 2 1940
7. Birth date of	and that I past saw h Adalivo on 1904 14
deceased (mo., day, yr.) July 15 - 1874	Immediate cause of death
8. AGE: Years Months Days It less than one daymirs	Coronary Thombour Sudde
9. Birtholac Cash Valley allegany Cty Mr.	Z Due to Manufacture grands
(Town, county, and state)	ment
1D. Usual occupation	Due to
11. Industry or business	
	Dther conditions
13. Birthplace Pennantum and Struckly	(Include pregnancy within 3 months of death)
14. Maiden name Ellew arufld 15. Birthglace Marulaud	Major fiadings of operations
h. 00 0 19	Date ot op
16. Interment NAO Charles () (Orns)	Autopsy results
Address Culterland Md	
17 Burial Date thereof Alice 5-194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Barial, cremstion, or regroyal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Frosthera md	Injured at home, farm, Industry, public place (where?)
0000	Mesns of Injury Injured at work?
18. Funeral director	0-0/-0(26)
Address / Frostling Md.	23. SIGNATURE MISS Lane & MISS
19/2-4 1945 Nus. Hauly N. We	Exture md// 12-4-4
(Date rec'd by registrar) Registra	Address Date signed

DEC 6 1945
BUREAU V.S.

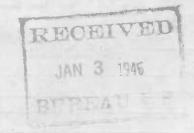
ARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

		1
Reg. Diat.	No.	T

1. PLACE OF DEATH: County. Cou	porate limits			ATE OF DEATH Reg. Diat. No
City or town. Crumberland City or town. (If custed sty or town limits, write RCRAL and give nearest town) Rev long in above piece of death? Allegany. 7.5. Years. Replial, institution, or sired affices where dath occurred: Allegany. Country Intitumery. Rev long in benyptial or institution? 3. (a) FULL NAME Thuma Mintdrop 4. Set		A 7 7	legany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
3. (a) FULL NAME Solid Security Nume	City or town(11 c	Cumber outside city or town li of death?	land mits, write RURAL and give nearest town) 75 Years death occurred: ty Infirmary	City or town Cumber Land (If outside city or town limits, write RURAL and give nearest Street No. 192. Wineow St (Rear)
## Activation Single Singl			41 Days	2.(a) II veteran, name war
Single Single	3. (a) FULL NAM			3. (b) Social Security Nur
Single White Single Si	4 Sex			
8. (6) Name of husband or wife 6. (6) If alive, give age 7. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days Illess than one day 7. Birth date of deceased (mo. day, yr.) 9. Birthplace. Cumberland. Allegany Co. Maryland (Town, county, and state) 10. Usual occupation. House Duty 11. Industry or business Own House 12. Name. Fred. J. Mintdrop. 13. Birthplace Cumberland. Md. 14. Maiden name Determined (month) (day) (year) Cometery or cremation, or remayal, Which?) Cemetery or cremation, or remayal, Which? City or town) Country or the data above talted at the data above talted at the death about he date above talted at the death. All the property of the death about he date above talted at the death. All the property of the death.				
T. Brith date of deceased (mo., day, yr.) /8 7 0 Unknown 8. AGE: Years Months Days II less than one day 75 9. Birthplace Cumberland, Allegany Co, Maryland (Town, county, and state) 10. Usual occupation. House Party 11. Industry or business Own House 12. Name Fred J. Mintdrop 13. Birthplace Cumberland, Md. 15. Birthplace Cumberland, Md. 16. Informant Morgan Harris Mddress 111. Union St, Cumberland, Md. 17. Burial Cemetery or crematory. St Patricks Cenetery Location Cumberland, Md. 18. Funeral director William II. Kighti Address Cumberland, Md. 19. Major findings of operations. Date of which death should be charged static cumberland, Md. 19. Major findings of operations. Date of the case to which death should be charged static cumberland, Md. 10. Where did injury occur? (City or town) (County) (Static cumberland), Md. 11. Major findings of operations. Date of the case to which death should be charged static cumberland, Md. 12. Violence: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of the case of the case to which death should be charged static cumberland, Md. 18. Funeral director William II. Kighti Address Cumberland Md.	Female	White	Single	
11. Industry or business Own House 12. Name. Fred J Mintdrop. 13. Birthplace Cumberland, Md. 14. Malden name. Lary Unknown 15. Birthplace Cumberland, Md. 16. Informant. Morgan Harris Address 111. Union St, Cumberland, Md. 17. Burial remation, or removal Which? Cemetery or crematory. St Patricks Cemetery Location. Cumberland, Md. 18. Funeral director. William H. Wight Address Cumberland, Md. 19. Where did Injury occur? (City or town) (County) (State of Injured at home, farm, Industry, public place (where?) Means of Injury Address Cumberland, Md. 23. SIGNATURE Address Cumberland, Md. 23. SIGNATURE Due to. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statist accident, suicide, or homicide. Date of op. Where did Injury occur? (City or town) (County) (State) Means of Injury Injured at work?	7. Birth date of deceased (mo., day, y 8. AGE: Years 75	Months	Days II less than one dayhrs	and that I last saw h
14. Maiden name 15. Birthplace 16. Informant 17. Burial 18. Burial 19. Cemetery or crematory. 19. Cumberland, Id. 20. VIOLENCE: If death was due to external causes, fill in the following: 21. Cumberland, Id. 22. VIOLENCE: If death was due to external causes, fill in the following: 22. VIOLENCE: If death was due to external causes, fill in the following: 23. SIGNATURE 24. SIGNATURE 25. SIGNATURE 26. Signature 26. Signature 27. SIGNATURE 28. SIGNATURE 28. SIGNATURE 29. SIGNATURE 20. SIGNATURE 20. SIGNATURE 20. SIGNATURE 20. SIGNATURE 21. SIGNATURE 22. VIOLENCE: If death was due to external causes, fill in the following: 26. VIOLENCE: If death was due to external causes, fill in the following: 28. SIGNATURE 29. SIGNATURE 20. SIGNATURE 20. SIGNATURE 20. SIGNATURE 20. SIGNATURE 21. SIGNATURE 21. SIGNATURE 22. VIOLENCE: If death was due to external causes, fill in the following: 29. VIOLENCE: If death was due to external causes, fill in the following: 20. VIOLENCE: If death was due to external causes, fill in the following: 20. VIOLENCE: If death was due to external causes, fill in the following: 20. VIOLENCE: If death was due to external causes, fill in the following: 20. VIOLENCE: If death was due to external causes, fill in the following: 21. Signature 22. VIOLENCE: If death was due to external causes, fill in the following: 22. VIOLENCE: If death was due to external causes, fill in the following: 24. Signature 25. Signature 26. Signature 27. Signature 28. Signature 28. Signature 29. Signature 20. Signature 20. Signature 20. Sign	10. Usual occupation 11. Industry or business	****************************	House Duty	
14. Malden name 15. Birthplace 16. Informant 16. Informant 17. Burial 18. Burial 19. Cemetery or crematory 19. St. Patricks Cemetery 19. Location 19. Cumberland, Id. 10. Major fiadings of operations Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statist of the control	12. Name	Fred	J Mintdrop	Other conditions
14. Malden name. 15. Birthplace Cumberland, Md. 16. Informant Morgan Harris Address 111. Union St, Cumberland, Md. 17. Burial Date thereof 12/28/45 (month) (day) (year) Cemetery or crematory. St Patricks Cemetery. Location Cumberland, Md. 18. Funeral director William H. Kight Address Cumberland, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (Stational County) (Stational County) B. Funeral director William H. Kight Address Cumberland, Md.	∠ 13. Birthplace			(Include pregnancy within 3 months of death)
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statism. PHYSICIAN: Please underline the cause to which death should be charged statism. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (Statism of the county of	H 14. Malden name.	lery	7 Unknown	3
Address 111. Union St, Cumberland, Md. 17. Burial Date thereof 12/28/45 (month) (day) (year) Cemetery or crematory. St Patricks Cemetery Location Cumberland, Ad. 18. Funeral director William H. Kighti Address Cumberland, Id. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (Statingue of the candary of the canda				
Address III. Union St. Cumberland, Md. Burial Date thereof. 12/28/45 (Burial, cremation, or removal. Which?) Cemetery or crematory. St. Patricks Cemetery Location. Cumberland, Ad. B. Funeral director. William H. Kichti Address Cumberland, Id. Address Cumberland, Id. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (Stationary) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	16. Informant	Morgan I	Jarris	Autopsy results. Zaze
Date thereof 12/28/45 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Address 111.	Union St.	Cumberland, Md.	
18. Funeral director. William II. Kighti Means of injury Injured at work? Address Cumberland Id. 23. SIGNATURE 23	17. Bu	ry St Ps	tricks Cemetery	Accident, suicide, or homicide
Address Cumberland Id.	Cemetery or cremato	Carmina	Chille della	injureu at nome, tarm, inuusity, public place (wherer)
23 SIGNATURE O	Cemetery or cremato			Managed Statum
13 Nec. 27 19 45 J. P. Maublin M. D. Registrar Address Lumbe last signed	Cemetery or cremato	Will	lian II. Vicht	Managed Statum



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

11776

Reg. Diat. No. ...

and the state of t	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town (If outside city or town limits, water RURAL and give nearest town)	State County
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	The second second
58 Sowery St	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Morgan	
4. Sex 5. Color Mace 6.(a) Single, married, widowed, or divoyed	MEDICAL CERTIFICATION -
m w matried	20. DATE OF DEATH SUC 26 1943 at 323 PM
B.(b) Name of husband or wife Lucy Morgan	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
1 // 1/2	All 26 1943 10 Sel 26 1943
7. Birth date of	and thet I last saw been alive on the 26 19 45
deceased (mo., day, yr.) Upsil 0 - 1869	Immediate cause of death
8. AGE: Years Months Days If less than one day	Nas Angres Thrompeson Sulder
76 8 018min.	Coros
a state - Frankling - alles - mad	Dué to
9. Birthplace	DUS 10
1D. Usual occupation perper filler	Due to
11. Industry or business Planubing Rusiness	
	Diher conditions
12. Name Morgan Morgan	
w	(Include pregnancy within 3 months of death)
14. Maiden name Mary Care Williagens	Major findings of operations
\$ 15. Birthplace	Date of op.
16. Informant Mas Wulter Green	Autopsy results.
9 1 - Well	PHYSICIAN: Please underline the cause to which death abould he charged statistically.
Address formacoung Mod.	22_VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or coamstory allegancy	Where did injury occur?
S	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 13 malling, md	man che had
12 26 11 210	23. SIGNATURE M.D. or other
19. (Date ree'd by registrar) (Date ree'd by registrar)	Address Frankberry My Date signed 12-28-46



information carefully of death clearly and

BINDING

FOR

RESERVED

MARGIN

important.

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

M. D. or other 12-8-4

Date signed.....

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For mewborn infants give realdence of mother) (If outside city or town limits, write RURAL and give nearest town How long in above place of death?.. town limits, write RURAL and give nearest town) Hospital, Institution, or preet address where death occurred: (If rnral, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 6.(b) Name of husband or wife .6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Months I less than one day 9. Birthpiace... (Town, county, and state) 1D. Usual occupation. 11. Industry or business (Include pregnancy within 8 months of death) 14. Malden na 15. Birthpiace 14. Malden name d. Major findings of operations 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (Burial, cremation, or removal, Which Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury 18. Funeral director 23. SIGNATURE.

Address.

especially PL WRITE

DEC 19 1945
BUREAU V.S.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

11778

CERTIFICA	TE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State
3. (a) FULL NAME MARY CAtheRING	e Myers. 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single; married, widowed, or diversed F. W. Widowed. 6. (b) Name of husband or wife 2048.	2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) NoN 25. 8 AGE: Years Months Days If less than one day	Ne 20 165 10 Nex 29 145-
9. Birthplace Preston Co. W. Va. (Town, county, and state)	Due to and Bronzeling. 54m
11. Industry or business Own Home 12. Name Christopher C. Bolyard 13. Birthplace W. Va.	Due to
14. Malden name MARTHA. R. Messinger 15. Birthplace 16. Informan Mrs. Muldred 7. Brady.	(Include pregnancy within 3 months of death) Major findings of operatious Dale of op.
Address Cumberland, md - 1 17. Burial (Eurial, cremation, or reproval, Which?) (Burial, cremation, or reproval, Which?) (month) (day) (year)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Community fose Will Cem. Location Cumherland md	Where did Injury occur?
Address Clemberland, md.	Meens of Injury Injured at work? 23. SIGNATURE
19. 12-3/ 19 45 Y.P. Osanbler, M. L. (Date ree'd by registrar)	Address 33 Va and Date signed

JAN 4 1946 BURRAU V S

1. PLACE OF DEATH: County Allegany How long in above place of death? 57 UEOF 5 Hospital, Institution, or street address where death occurred: information care Memorial Hospital How tong in hospital or institution?... 3. (a) FULL NAME

causes

7. Birth date of

In. Usual occupation.....

12. Name...... 13. Birthplace

14. Maiden nar 15. Birthplace

18. Funeral director...

ADING INK. Supply ever Physicians: please write

important.

WRIT

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALT

2. USUAL RESIDENCE (HOM (For newborn Infants give reside

City or town. Cimberla

Street No. 32 Marian

2.(a) If veteran, name war ...

Immediatescause of death.

Due to ..

Marvland

2411 N. Charles St., Baltimore /2/

CERTIFICATE OF DEATH

E) OF DECEASED:
County Allegany
nd limits, write RURAL and give uearest town)
Street

Reg. Diat. No.

11 days

Mrs. Frances Naughton

6.(a) Single, married, widowed, or divorced

Widowed Female White

6.(b) Name of husband or wife. Edward J. Maughton.

June 2, 1878 deceased (mo., day, yr.) It less than one day 8. AGE: 14 67

9. Birthplace Maryland

(Town, county, and state)

Housewife

11. Industry or business Own home 12. Name Justice Grabenstein

Germany 14. Malden name Margaret Montay

Germany

Memorial Hospital Cumberland. Maryland

Cemetery or crematory Sta, Peter

Registrar

Address.

Date thereot Dec (month) (day) (yesr)

Means of Injury 23. SIGNATURE

Where did injury occur?(City or town)

Injured at home, farm, Industry, public place (where?)

Major findiogs of operations.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20, DATE OF DEATH December 15. 19 45 at 5:17 Pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

egnancy within 3 months of death)

PHYSICIAN: Fleaze underline the cause to which death should be charged statistically.

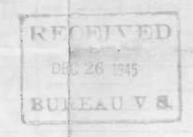
22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

(County)

Bate signed.

Injured at work?



2411 N. Charles St., Baltimore 95-4)

CERTIFICATE OF DEATH

all.	4.	

		 400		-
		-		
			~	
		- 1		

1. PLACE OF DEATH: Allegany Amcelle (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, Institution, or street address where death occurred: Celeanese Corp. Of America How long in hospital or institution?.... 3. (a) FULL NAME Cromwell Randolph Nave 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married Montra Houser Nave 7. Birth date of Aug. 3, 1899 deceased (mo., day, yr.) Years Bays If less than one day 8. AGE: 46hrs. min. Centreville, Penna.
(Town, county, and state) Machinest Helper Celeanese Corp. Of America 11. Industry or business Jacob Nave 12. Name... Penna. 13. Birthplace 14. Maiden nar 15. Birthplace Ida Deremer 14. Maiden name... Penna. 16. Interment Mrs. Montra Nave Cresaptown. Md. Burial Jan. 2,1946 Date thereot (Burial, cremation, or removal, Which?) (month) (day) (year) Centreville Cem.

Centreville, Penna.

Charles L. George

Cumberland.

stateMaryland co	unty Allegany	***************************************
City or town Cresaptown (if outside city or town limit Nihchester	a, write RURAL and give n	earest town)
	LOCATION)	000000000000000000000000000000000000000
art-y-11 rotatin, name was	10000	3.0
	3. (b) Social Security 215-12-23	
MEDICAL C	ERTIFICATION	
20. DATE OF DEATH. Dec. 3	30, 19. 4	5 1:50P
21. I CERTIFY that death occurred on the date ab		
and that I last saw to thefaces	ullery 17	-30-1940
Immediate capse of death Valuation [1818		
Due to La Breppe		4 days.
Due to		•••••
	***************************************	****
Dther conditions		***************************************
(Include pregnancy within 8	months of death)	
Major fiediogs of operations	***************************************	••••
***************************************	Date of op	
Antopsy results	hich death shoold be charge	d statistically.
22. VIOLENCE: It death was due to external case	ises, till in the tollowing;	
Accident, suicide, or homicide	Date ot	••••••
Where did lojury occur?(City or town)	(County)	(State)
Injured at home, farm, industry, public place (w	here?)	
Means of Injury	Injured at work?	
23. SIGNATURE OFOUS	my lev	M 20.
AddressCuuluulau	M. D.	or other 17:81-40

2. USUAL RESIDENCE (HOME) OF DECEASED:

MARGIN RESERVED FOR BINDING UNFADING INK. WRITE PLAINLY,

important.

especially

18. Funeral director...

(Date rec'd by registrar)

information carefully of death clearly and

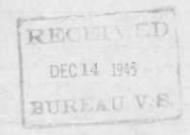
AS

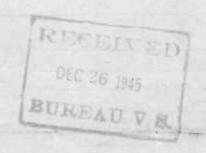
araja ao mana mana BURKALL

CERTIFICATE OF DEATH

DRPORATE LIMITS MARY	YLAND STATE DEPARTMENT 2411 N. Charles St., Baltimore		11781
	CERTIFICATE OF DE	ATH	ist. No.
1. PLACE OF DEATH: County	State State Street No	IDENCE (HOME) OF DECEASED: rn infants give residence of mother) County County County (If rural, give LOCATION) me war	yang
3. (a) FULL NAME	Pagne	3. (b) Socia	Al Security Number
Somule White Snar		MEDICAL CERTIFICAT	1011
7. Birth date of deceased (mo., day, yr.) Sharch 6	give age years and that I last saw I limmediate cause of R.	death occurred on the date above stated; that I allow to the state of	
9. Birthplace	7. Va- Due to 13	ranchifu	Jne
11. Industry or business 12. Name	Die to	J. J. J.	
14. Malden name Dans Dans Dans Dans Dans Dans Dans Dans	lasi	nelude pregnancy within 3 months of death)	
16. Informant James E. Pagne Address Cambrilland			
17 Barrial Pate thereof A	month) (day) (year) Accident, suicide, or	death was due to external causes, fill in the foll r homicide	ate of
18. Funeral director.	0-	m, Industry, public place (where?)	
19, Older rec'd by registrar)	aublin, M. D. 23. SIGNATURE	www. has his	M, D, or other

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

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Allegany Ua

CERTIFICATE OF DEATH

- 4
4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County or town (If outside city or town limits, write RURAL and give nearest town)	State Mayland County allegang
	City or town. (If outside city or town limits, write RURAL and give nearest town)
How tong In above place of deaths	Street No. 13.5 M Gentle 11
3. (a) FULL NAME	3. (b) Social Security Number
Oscar George Peters	171-07-873
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male married	MEDICAL CERTIFICATION 20. DATE DE DEATH DECEMBER 26th
8.(b) Name of husband or wife. Masian Williams	
7. Birth date of	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Fractured Skull: fractured
40 5 /0hrs.	
9. Birthplace Israne Pa	kille
(Town, county, and state)	instantl
10. Usual occupation True Worker	Due to
11. Industry or business Kelly Sungfield hise to	(crushed chest; fract. leg)
12. Name	Diher conditions Clubica Cheby, 11400. 1987
	(Include pregnancy within 8 months of death)
14. Malden name. Again Shirey 15. Birthplace Pa	Major findings of operations.
∑ 15. Birthplace	no autopsy
16. Informant	PHYSICIAN; Please underline the cause to which death should be charged statistically.
Address alloona Fa	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, eremation, or removal. Which?) Bate thereof. Date 28 194 (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. accident Bate of 12-26-45 Where did injury occur? Cumberland, Allegany, Md.
Cemetery or crematory Calvery	(City or town) (County) (State)
Location alforma la	Injured at home, farm, industry, public place (where?) .RR
18. Funeral director January Stein Inc	Msans of Injury Solucin by Ole all Hajured at work?
Address Emokuland gold	23 SIGNATURE PALLE H. BOLLOW M.
Nec 36:45 St. Translin Mil	M. D. or other
(Date rec'd by registrar) Registr	Address Cumberland, Maryland Bate signed 12-26-

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Sunday Nath and March 18 12 th

32.5

2411 N. Charles St., Baltimore 52-0

11784

CERTIFICATE OF DEATH

the state of the s	
1. PLACE OF DEATH: County City or town (If outside city or town lights, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County
7.7/400 - 1	City or town (If outside city or town limits, write RUPAL and give negted town)
How long in above place of death? Hospital, institution, or street address where death occurred:	
	Street No. 32 (If rural style LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Dollar Matha	3. (b) Social Security Number
4. Sex 5. Color or rage 6.(a) Single, married, bildywed, or divorced Wille Wildows	MEDICAL CERTIFICATION 20. DATE OF DEATH. DEC 19 40 19 40
6.(b) Name of husband or wife Common Service S	1973 to 10/2 1970
7. Birth date of deceased (mo., day, yr.) 2 - 3 - 1 . 1868	and that I last saw have on
8. AGE: Years Months Days If less than one day	Immediate cause of death
77 1 9min.	January January
	- Wednes
9. Birthplace Tours (Yown, county, and state)	. Due to
(1) 7	
0.000	Due 10
11. Industry or business	_
12. Name October 2011	Other conditions
E 14. Maiden name Rushinel P. Assauld	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Conn.	Major Badugs of operations. Date of op.
- 6 (P - 1	Autopsy results.
16. Informant 7 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address // 2 Hord St. Freshing, M.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Mcharles Com	Where did injury occur?
touth - my	Injured at home, farm, Industry, public place (where?)
Location	Meens of Injury Injured et work?
18. Funeral director.	/AAm / Injured or moth?
Address Tresting of diffe	23. SIGNATURE. M. D. or other
19. A Segistrar 19. To Alle Meully Registrar Registrar	Address Bothery M Date signed 2 + 13-4

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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important.

especially

WRITE

(Date rec'd by registrar)

VS

age

correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6/)

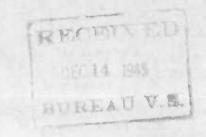
CERTIFICATE OF DEATH

Reg. Dist. No......

Date signed......

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) City or town. How long in above place of death?. Hospital, institution, or street address where death forurred: Street No. (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widower, or divorced MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from . S. (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) If less than one day Months Days 8. AGE: days (Town, County, and state) 10. Usual occupation 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name. Major fiadings of operations ... 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereot. Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work? 18. Funaral director. Address M. D. or other

Registra



Vithin corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /86-

11786

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State	
How long in above place of death?		
NEW long in hospital or institution? 12 DAYS	. (If rnral, give LOCATION) 2.(a) If veteran, name war	
3.(a) FULL NAME MR. WILLIAM D. REEL	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowod, or divorced	MEDICAL CERTIFICATION	
MALE WHITE MARRIED	20. DATE OF OEATH DEC. 28, 45 21 10:5	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace County (Lost Vinginia (Town, county and state) 10. Usual occupation Alemer VIRGINIA 11. Industry or business 12. Rame William S. R. EL. 13. Birthplace WEST VIRGINIA 14. Maiden name EVA SCHELL WEST VIRGINIA 15. Birthplace 18. Informant Memorical Sager.	Immediate takes of death DURATION	
Address Cupbellava, Md. 17. (Burial, cremation, or removal, Which) Cemetery or crematory Date thereof County (day) (year) Location Machiel Was	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
18. Funeral director P. F. Through	Means of Injury 7 all — Injured at work?	

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correct a

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

11787 a

CERTIFICA	Reg. Diat. No.	L
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	V.M.J
(If nutside city nr town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest	town)
324 Essily Sh	Street No. 3 24 O Markey (If rural, g) of LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	********
3.(a) FULL NAME George William Reid	3. (b) Social Security Num 214-07-6	ber / 14/
Inale White married, widowed, or divorced	MEDICAL CERTIFICATION 8 bo	ut 4 A.
8.(b) Name of husband or wife. & la farrell	21. 1 CERTIFY that death occurred on the date above stated: that I attended deceased t	
7. Birth date of deceased (mo., day, yr.) 8.(c) If allve, give age years	end fhat I last saw halive on	
8. AGE: Years Months Days If less than one day	Coronary Occlusion	DURATION
9. Birthplace Cumberland Ind	Due to	
1D. Usual occupation. Estagonismon Delh. 11. Industry or business	Due to.	
12. Name Reflect Perd	Diher conditions	
14. Malden name. B. A. A. A. S. Birthplace . And	(Include pregnancy within 3 months of death) Major findings of operations.	
15. Birthplace - Ind	Date of op.	
16. Informant John Manager Man	Autopsy results	
Address 17. Bute (Burial, cremation, or removal. Whiteh?) (Burial, cremation, or removal. Whiteh?)	22. VIOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide	. · · · · · · · · · · · · · · · · · · ·
Cemetery or crematory.	Where did injury occur?	
Location Ship Stern One	tnjured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
	0	
Dec 14 45 og f. Branklin, M.	23. SIDNATURE LANGE H. BETA 0.1 M. D. or oth	
(Date ree'd by registrar) Registrar	Address Cumberland, Maryland Date planed 12	-12-4

PLEASE WRITE PLAINLY,

DEC 19 1945
BUREAU V.S.

CURPORATE LIMITS MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: ewborn infants give residence of mother) County Allans (If ontside city or town limits, write RURAL and rive nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) Years Days If less than one day 8. AGE: MARGIN RESERVED 9. Birthplace...... (Town, county and state) 10. Usual occupation... 11. Industry or business (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace 14. Malden name Major findings of operations 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically, PLAINL Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of Injury LEASE Address

Registrar

(Date rec'd by registrat)

DEC 14 1945 BUREAU V.S.

Within corporate limits

ADJING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

FOR BINDING

RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-2)

CERTIFICATE OF DEATH

11789

			01 22	Reg. Dist. No.	
1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
COUNTY	ounty Allegany			(For newborn infants give residence of mother)	
City or town. Cur	noerland	l, Maryland	State Maryland Coumberland	uty ATTERANY	
(If out	tside city or town I	imits, write RURAL and give nearest town)	City or town Cumber Land	***************************************	
low long in above place o lospital, institution, or s	f death?	74 syso	City or town		
Mer	norial H	ospital	Street No. 517 Linden		
********************************	*******************	45 days	(If rural, give		
How long to hospital or I	nstitution?		2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME	Mrs. Car	olina Riley		3. (b) Social Security Number	
. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Fenale	White	Married			
			20. DATE DE DEATH DOCUMENTO I	9, 19 45 at 9:25 1	
(b) Name of husband or	wife Fran	k M. Riley	21. I CERTIFY that death occurred on the date abo		
		74	J. B. V	45, to 19 4	
7. Birlh date of	Nor		and that I last new be alive on	12. 18 6 19 4	
deceased (mo., day, yr.)	/	10/1	Immediate tause of death	DURATION	
8. AGE: Years	Months	Days If less than one day	Menelan	-a &	
76-		78min	7-0-01		
9. Birthplace Man	rvland				
	(Town,	county, and state)		21 000 11	
ID. Usual occupation	Housew	rife		and the same	
	•••••				
11. Industry or business	2000 d 74	7 0 10	- Company	for our	
置 12. Name	Conveni	lch	Dther conditions		
13. Birthplace	Germany		(Include pregnancy within 3 n		
14. Maiden name 1.	Befrin	Workman.	7	1 4 9	
		1	Major findings of operations.	710-0	
		permany.		Date of op.	
18. tnformant On	norial H	ospital "	Autopsy results	<u>R</u>	
Address Cun	nerland	, Maryland	PHYSICIAN: Please underline the cause to wh	ich death should be charged statistically.	
		1 2 11 -	22. VIOLENCE: If death was due to external cause	ses, fill in the following;	
(Burlal, cremation, c	or removal Which	Date thereof (month) (day) (yeer)	Accident, suicide, or homicide	Date of	
	1/1		Where did injury occur?(City or town)		
Cemetery or crematory		mus class			
Location	more	yand Tag	Injured at home, farm, industry, public place (wh		
18. Funeral director.	mis .	Stein Gora	Means of Injury	Mipred at work?	
	f.	1-1-1	W.L.	111.	
Address	lssm	restand	23. SIGNATURES	Miliany	
where 3	145	- Of Banklin M.L		M. Daor other	
(Date rec'd by regis	strar)	Registrat	Addressin	au Bate signed /2:14.=	

VS A15

DEC 26 1945 BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

	11
1. PLACE OF PEACH any	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Westernport	state Md. county Allegany
(If outside city or town limits, write RURAL and give searest town	Wastannont
How long in above place of death? 2 yrs.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 203 Spruce
	(1f rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, oame war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Elizabeth Rineha	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH Dec. 21 19 45 at 6. A.
5.(b) Name of husband or wife. John A. Rinehart, Sr.	
e (a) Maltus sins are	f/M/M
7. Birth date of Sept. 3, 1868.	and that / last saw h alive on 19
account (most most)	Impediate Cause of Josh
77 2 18	Garage Manager
···············	min. May find for finding
9. Birthplace Elem-Grove-Ohio-W. Va.	Oue to Oue to Out the Control of the
House-Work	
10. Usual occupation	Due to
11. Industry or business	
E 12. Name John Smith 13. Birthplace Not known	Other conditions
	(Include pregnancy within 8 months of death)
Not Known 14. Malden name Not Known Not Known	
Not Known	Major findings of operations.
John A. Rinehart	Oate of op.
16. Informant "esternport, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Burial Dec. 23, 45 (Burial, cremation, or removal, Which?) Bate thereof Dec. 23, 45	Accident, suicide, or homicide
Philos Cemetery	
Westernport, Md.	Where did injury occur?
Location	Injured at home, farm, lodustry, public place (where?)
18. Funeral director Ellsworth S. Boal	Means of Imjury Injured at work?
Address Westernport Md.	-HIMO ILSO
Address and and half	23. SIGNATURE ACLE M. D. or other
19. Nec- 23 19 45	111111111111111111111111111111111111111
(Dote rec'd by registrar)	Registrar Address Date signed



MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 184

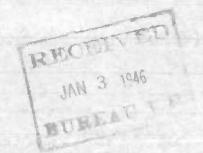
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CERTI	FIC	ATE	OF	DEA	TH

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State City or town nudland
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
muces Suspilal	Street No
How long in hospital or institution? 8 days	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mardell Lours Par	Rollinson
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
on au	2D. DATE DF DEATH ON CUMULA 3/ 1945 at 1/16
6.(b) Name of husband or wife	21. 1 CEBTIFY that death occurred on the date above stated; that I attended deceased from
	voors Accember 29 1945 to allecember 3/ 1945
7. Birth date of	years and that I last saw h. P. M. alive on Alelanlish 30 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
&hrs.	min Thematical Court of the Cou
11. 1 0. 11 1	wi. 11/50z.
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	
11. Industry or business	Due to
# 12. Name/Mendle Aleks Rolle	Maj Waddions.
13. Birtholace Bredrick From Pa	
	(Include pregnancy within 3 months of death)
14. Maiden name Ballelak Purst 15. Birthplace Ford Hill RXI Pa	Majer findings of operations.
* 15. Birthplace park, Auch of a	Date of op.
16. Informant Classell Blist	Autopsy results
Address Midalon	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
17 Burial, cremation, or removal. Which?) Date thereof 12-91-1249 (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Wbich?) (month) (day) (year)	Where did laters occur?
Gemetery or crematory David	Where did injury occur?
Location frank Hill R.D. Wa	injured al home, farm, industry, public/plade (where?)
16. Funeral director Alm Almiteral G	Means of injury Injured of work?
Address Issaulsville END	all Mill han.
AUDIESS AUDIESD AUDIESD AUDIESD AUDIESS AUDIESS AUDIESS AUDIESS AUDIESD AUDIESD AUDIESD AUDIESD AUDIES	23. SIGNATURE M. D. or other
19. 12-3 19 45 Nus. Lawy 7, 5	strar Address Trostling, Ma. Bate signed / 31/4

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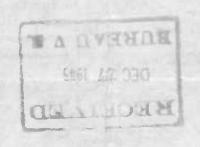


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-01

		V	6
Dist.	No	 	

1. PLACE DE DEATH: Courty	CERTIFICA	TE OF DEATH Rog. Dist. No	*********
State. Country		2. USUAL RESIDENCE (HOME) OF DECEASED:	
Here long in above place of death? Here long in above place of death occurred Here long in above place of death occurred or two insulate, write RURAL and give nearly town) Should not record the long occupation of death occurred on the data above stated; that placeded acceased from the death occurred on the data above stated; that placeded acceased from the death occurred on the data above stated; that placeded acceased from the death occurred on the data above stated; that placeded acceased from the death occurred on the data above stated; that placeded acceased from the death occurred on the data above stated; that placeded acceased from the death occurred on the data above stated; that placeded acceased from the death occurred on the data above stated; that placeded acceased from the death occurred on the data above stated; that placeded acceased from the data above stated; that	County County		
too long in above place of death? (If control city or town limits, write RURAL and grow newly towny) Sireel No. (If control city or town limits, write RURAL and grow newly towny) Sireel No. (If control city or town limits, write RURAL and grow newly towny) (If control city or town limits, write RURAL and grow newly towny) (If control city or town limits, write RURAL and grow newly towny) (If control city or town limits, write RURAL and grow newly towny) (If control city or town limits, write RURAL and grow newly towny) (If control city or town limits, write RURAL and grow newly towny) (If control city or town limits, write RURAL and grow newly towny) (If control city or town limits, write RURAL and grow newly towny) (If control city or town limits, write RURAL and grow newly towny) (If control city or town limits, write RURAL and grow newly towny) (If control city or town limits, write RURAL and grow newly towny) (If control city or pown limits, write RURAL and grow newly towny) (If control city or pown limits, write RURAL and grow newly town) (If control city or pown limits, write RURAL and grow newly town) (If control city or pown limits, write RURAL and grow newly town) (If current, give pocation) (If current, give poca	(If outside city or town limits, write RURAL and give nearest town)	1-10-018	***************************************
Street Ro	How long In above place of death?	(If outside city or town limits, write RURAL and give nearest t	town
Her long in hospital or Institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Doing or race 6. (c) Single, married, wideoged, or divorced MEDICAL CERTIFICATION 20. Date of Death 8. (c) Haller, give age 7. Birth date of deceased (mo. 6ay, yr.) 8. AGE: Years Months Days 15 less than one day 10. Burd occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Major findings of operations. Major findings of operations. Major findings of operations. Date of op. Antopay results PHYSICIAN Please underline the cause to which death should be charged statistically. Total occupation. Date thereof Comments of centry occurs. Date thereof Comments of centry occurs. Comments of centry occurs. Date thereof Comments of centry occurs. Comments occurs on the date above stated that statistically. Comments of centry occurs. Comments occurs on the date above stated that occurred on the date above, fill in the following: Comments occurs occurs. Comments occurred on the date above stated that the cause of centry. Comments occurs occurs occurs. Comments occurs occurs. Comments occ		Street No. 2 m2 north of Westerning	1
3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Dollar or race 6. (a) Single, married, videyed, or divorced MEDICAL CERTIFICATION 20. DATE DF DEATH 21. 16 PRINT A date of the date above strete: that retended deceased from the date above strete date above strete: that retended deceased from the d	The Market of Market of the Control	(If rural, give MOCATION)	
4. Set 5. Ealor or race 6.(a) Single, married, videyed, or diversed Ferrule Will William 1 19. A 19.		2.(a) If veteran, name war	
S. AGE: Years Months Days If less than one day 1. Birth place M. W. Country, and state) 1. Industry or business 2. Ind	3. (a) FULL NAME Masant Virginia	Past 3. (b) Social Security Number	ber
8. (d) Hame of husband or wife	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
8. (c) If alive, give age years deceased (mo. day, yr.) and / y R years deceased (mo. day, yr.) and / y R years deceased (mo. day, yr.) and / y R years deceased (mo. day, yr.) and / y R years deceased (mo. day, yr.) and / y R years years deceased (mo. day, yr.) and / y R years year	Female White Widow	. ^	315 P M
7. Birth date of deceased (me., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Months Days If less than one day 10. Usual occupation. Months Days If less than one day 11. Industry or business Due to. 12. Name Due to. 13. Birthplace Months Days Due to. 14. Maiden name Months Days Due to. 15. Birthplace Months Days Due to. 16. Informant Due to. 17. Industry or business Due to. 18. Informant Due to. 19. Manager fluidings of operations Due to. 19. Major fluidings of operations Due to death Address Due to. Major fluidings of operations Due to death Major fluidings of operation	6 (b) Name of husband or wife Robert Russ		
Immediate cause of death DURATION		Vec 13 19 45 10 Car 23	18.43
8. AGE: Years Months Days If fees than one day 9. Birthplace M. Day (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace W. Year 14. Maiden name. 15. Birthplace W. Year 16. Informant Address 17. Birthplace W. Year 18. Informant Address 19. Date thereof. 10. Usual occupations. 11. Date of op. 12. Manual Antopsy results. 13. Birthplace W. Year 14. Maiden name. 15. Birthplace W. Year 16. Informant Address 17. Date of op. 18. Informant Address 18. Informant Address 19. Date of op. 19. Date thereof. 10. Cemetory or crematory. 11. Date thereof. 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Antopsy results. 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 19. Violence: If death was due to external causes, fill in the following: 20. Violence: If death was due to external causes, fill in the following: 21. Violence: If death was due to external causes, fill in the following: 22. Violence: If death was due to external causes, fill in the following: 22. Violence: If death was due to external causes, fill in the following: 22. Violence: If death was due to external causes, fill in the following: 22. Violence: If death was due to external causes, fill in		and that I last saw h. examine on Wee 2 3	19 45
9. Birihplace M. 1. Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birihplace 14. Maiden name. 15. Birihplace 16. Informant. 17. Maiden name. 18. Informant. 19. Date of op. 19. Antopsy results. 19. Where did injury occur? 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birihplace 14. Maiden name. 15. Birihplace 16. Informant. 17. Maiden name. 18. Informant. 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birihplace (Include pregnancy within 3 months of death) Major findings of operations. 18. Informant. 19. Usual occupation. 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations. 18. Informant. 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birihplace (Include pregnancy within 3 months of death) Major findings of operations. 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Informant. 19. Usual occupation. 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Usual occupation. 14. Maiden name. 15. Birihplace 16. Usual occupation. 16. Usual occupation. 17. Usual occupation. 18. Informant. 18. Informant. 19. Usual occupation. 19. Usual occupation. 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Usual occupation. 14. Maiden name. 15. Informant. 16. Usual occupation. 18. Informant. 18. Informant. 19. Usual occupation. 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry		Immediate cause of death.	DURATION
8. Birthplace M. Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace M. Town, county, and state) 14. Maiden name. 15. Birthplace M. Town 16. Informant. 17. Markens M. Town 18. Informant. 18. Informant. Address 19. Date thereof (month) (day) (year) Cemetery or crematory. 10. Usual occupation. Due to. Uinclude pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	8. AGE: Years Months Days If less than one day		
Bue to Due to Du	/ // // hrsmin.	Brancho puerminia 3	3 days
10. Usual occupation	a Richalde Moorelie al- Sunt - W. Ya	0 010	o chans
11. Industry or business 12. Name	(Town, county, and state)		
12. Name	10. Usual occupation. Human - make	Bus to	······ (A
12. Name	11. Industry or husiness	Due 10	.00000000000000000000000000000000000000
14. Maiden name 15. Birthplace 16. informant Address 17. (Burini, cremation, or removal, Which?) Cemetory or crematory Location Location (Include pregnancy within 3 months of death) Major findings of operations. Bate of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at wark?			
14. Maiden name. 15. Birthplace 16. informant. Address Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Cemetory or crematory. Cemetory or cremato	I 12. Name	Other conditions	
Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at wark?		(Include pregnancy within 3 months of death)	
Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at wark?	E 14. Maiden name was lanuary	Major findings of operations	
Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (Burini, cremation, or removal. Which?) Cemetory or crematory. Cemetory or crematory. Cemetory or crematory. County. County.	≥ 15. Birthplace		
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (Burini, cremation, or removal, Which?) Cemetory or crematory Cemetory or crematory Location Cemetory or crematory County County County Injured at home, farm, industry, public place (where?) Means of injury Means of injury Injured at wark?	18 thank &) error Whichmen		***************************************
Date thereof. (month) (day) (year) Cemetory or crematory. (City or town) Location Continuous (which?) Date thereof. (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at wark?	2 11- 11		ically.
Date thereof (month) (day) (year) Cemetory or crematory (City or town) (County) Location (City or town) (County) Means of injury (where?) Injured at home, farm, industry, public place (where?)	Address 7 raphlen, M.A.	22 VIOLENCE: If death was due to external causes, till in the following:	
Cemetory or crematory	17. Burnel Date thereof Deu 16/945		
Location The Latter of Mad Injured at home, farm, industry, public place (where?)	01.1.6.		
Means of Injury Injured at work?	Cemetory or crematory		
	Location Manhamman Manhamman		
10. 1 0110101 10110101	18. Funeral director Ellaworth 5. Browl	Means of Injury Injured at work?	
Address Hesternsfront, Md. 23. SIGNATURE James Selbant Mil	Address Heslemport, Md.	23 SIGNATURE JAMES AUGUSTAN MI	Q
19. Acc - 25 19 Color (Date rec'd by registrar) M. D. or other Registrar Address Red Language Color Signed	19. Dec - 25 19 45 1 Gagan & Bar m.	M. D. of oth	1 0 de



PLEASE WRITE PLAINLY, WITH UNF. is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-6

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County allegany +	
City or town. (If outside city or town limits, write RUHAL and give nearest town)	11/1/2 11/1 //
How long in above place of death? Diffitime?	(If outside city or town limits, write RURAL and give noarest town)
Hospital, Institution, or street address where death occurred:	Street No. 80 Bowery Street
Minera Hangulal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ruth ann Ross	10 none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Child	20. DATE OF DEATH DECEMBER 8 19.45 at 11 3 Am
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	10 1945 to left 5 18 75
7. Birth date of % (A)	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
/ // 8min.	Landy Man The allegist - Landiff
9. Birthplace Trastlung Wilgany Marylan	Due to July to
10. Usual occupation	Market Land Disposition 100 College
	Oue to
11. Industry or business	,-
12. Name Lawrence Longconing Md.	Other conditions
14. Malden name Martha Richardson	(Include pregnancy within 3 months of death)
£ 1. martin man 1	Major fiadings of operations
15. Birthplace I rostburg Maryland	Date of op.
16. Intermant Mass Dewis Toos	Autopsy resolts
Address 80 Bowery St. Frostburg Ma	
(Burial, cremation, or removal, Which?) Date thereof. 12 - 10-1945 (month) (day) (year)	-22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
011-	Where did Injury occur?
Cemetery or crematory.	
Location The Location of the Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director gacolff toffer	Means of Injury Injured at work?
Address Frostly and	(Moderation 711)
12-12 11 May X/D	23. SIGNATURE
19. (Date rec'd by rogistrar) Rogistra	Address + sothing, Md. Date signed 12/9/45

DEC 12 1945

Los Lathers

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore J.J.

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	CERTII	FICATE	OF DEATH	Reg. Diat. No.
clearly and legibly.	1. PLACE OF DEATH: County	town) Cl	reet No. 114 Cm	
death cl	3. (a) FULL NAME	0	(a) If veteran, name war	3. (b) Social Security Number
causes of	4. Sex S. Color of race S. Single, married, widowed, or divorce Male. White Drarried 6. (b) Name of husband or wife. Olie J. Lorenthall	20 21	MEDICA	TO 5-05-7525 L CERTIFICATION 1945 at 4 10 date above stated; that lattended deceased from 1945 to 1945 to 1945
please write the	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs.	an an	d that I last sawh allve on	DURATION DURATION
Physicians: pl	9. Birthplace	9 Ou	e 10) Wetark - 3
important.	12. Name Malder name Sallie Boto 15. Birthplace 15. Birthplace 16. Birthplace		jor findings of operations.	thin 3 months of destal) Desco Arecusica Date of op 31 194
is especially is	Address Cumberland // A 20	PI 22	topsy results	e to which death should be charged statistically.
a si	(Burial, cremation, or removal, Which?) Cemetery or crematory	Wi	ere did injury occur?(City or	
WIG	18. Funeral director and Standard Dave Address		ured at home, farm, Industry, public pi	Injured at work?
FLEASE	19. Dec. 20, 1945 J.P. Traubling	M. A. 23	SIGNATURE Clay	M. D. or other Date signed

MARGIN RESERVED FOR BINDING

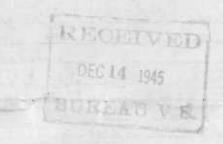


CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

WITHIN CO	RPORATE LIMITS MARYLAND STATE DE	EPARTMENT OF HEALTH
age a	2411 N. Charl	ee St., Baltimore 97
correct	CERTIFICAT	TE OF DEATH Reg. Dist. No.
carefully. The	1. PLACE OF DEATH County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For devisor infants give residence of mother) State
information of death cle	3.(a) FULL NAME anna Belle Ry	land. 3. (b) Social Security Number
Q 4 8	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced of	MEDICAL CERTIFICATION
SE WRITE PLAINLY, WITH UNFADING INK. Supply every item o	8. (6) Name of husband or wife 7. Birih dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than ofe day 9. Birthplace (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name 12. Name 13. Birthplace 14. Maiden name 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 15. Birthplace 17. Cemelery or cremation, or removal. Which? (month) (day) (year) Cemelery or cremation or removal. Which? (month) (day) (year) Location 18. Funeral director 15. Survey 15. Survey 16. Su	20. DATE OF OEATH 19
VS A15	Address um bestand on d. 19. Dec 3. 19.45 as. P. Franklin, M. D. (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE JAMES JAME
	(Date rec'd by registrar) Registrar	Address signed



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Correct age 11A	2411 N. Char	EPARTMENT OF HEALTH Cles St., Baltimore (47-6) TE OF DEATH Reg. Dist. No
information carefully. The corr	1. PLACE OF DEATH: County Allegany City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death opcorred: Allegany Associated How long in hospital or institution? 15 hours	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
FE PLAINLY, WITH UNFADING INK. Supply every item of informati is especially important. Physicians: please write the causes of death	3. (a) FULL NAME Mrs. Hazel Sanner 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Female white married 8. (b) Name of husband or wife Amos Santar 7. Birth date of deceased (mo., day, yr.) April 1st, 1902 8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace Pennsylvania (Town, connty, addictate) 10. Usual occupation Town, connty, addictate Town, connty, addictate Town, connty, addictate 11. Industry or business Town, connty, addictate Town, connty, addictate	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. December 9 19 45 at 12: 304 m 21. I CERTIFY that death occurred on the date above stated: that lattended deceased from
VS A15 PLEASE WRI	Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or other Address Date signed 2 - 5 - 5 J

DEC 19 1945
BUREAU V S

Within corporate limits

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (11)

3. (b) Social Security Number

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany	
City or townCumberland	vn)
How long in above place of death?	••••••
Pear St. Crossing, B & O R.R.	
How long in hospital or institution?	

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Alleg. City or town. Cumberland
(If outside city or town limits, write RURAL and give nearest town)

Street No 135 N. Centre St. (If rural, give LOCATION)

3. (a) FULL NAME

10. Usual occupation...

15. Birthplace

Ada C. Sawvers

214-05-7053 MEDICAL CERTIFICATION

20 DATE OF DEATH December 26th . 19 45 at 3.48 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

6.(a) Single, married, widowed, or divorced 4. SPX 5. Color or race Female White Div. 5.(b) Name of husband or wife John J. Sawyers

tf less than one day

7. Birth date of deceased (mo., day, yr.) Sept. 18 1902

8. AGE:

Midland, Md.
(Town, county, and state) 9. Birtholace.....

11. industry or business William Close

12, Name...... 13. Birthplace Md. 14. Malden name Elizabeth Askey

16. Informant James Close Cumberland. Md.

Date thereof Dec. 28 1945.
(month) (day) (year) Cemetery or crematory Rose Hill Cem.

Cumberland, Md.

18. Funeral director Louis Stein Inc.

Cumberland, Md

Immediate cause of death Fractured skull: fractured

4.5, and 6th Cervical vertebrae; Crushed left chest. instantly

Crushed left leg, middle third

(Include pregnancy within 3 months of death) Major findings of operations.

Autopsy results no autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the following:

Accident, suicide, or homicide. accident Where did injury occur Cumberland, Allegany, Md.
(City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) Rail Road. Means of injury struck by traininjured at work? no

Cumberland, Maryland 12-26-45

Denuty Medical Examiner - Allegany

JAN 3 1946 BUREAU V. B. MARGIN RESERVED FOR BINDING

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CEDTIFICATE OF DEATH

				4	
Dist.	No	D	 		••

	E UF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cumberland Maryland (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Allegany
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh?	City or town. Little Orleans (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Memorial Hospital	(If ruyai, give LOCATION)
How long in hospital or institution? 7 days	2.(a) If veteran, name war
3.(a) FULL NAME Mrs. Effie Smith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. December 3, 19.45, at 7:40A
B.(b) Name of husband or wife Russell Smith	21. I CERTIFY that heath occurred on the date above stated; that I altended deceased from
7. Birth date of	16 19/5 510 Dec 318 4
deceased (mo., day, yr.) April 5, 1885	and that I last saw be alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
60 7 28hrsmin.	mysearlite 2
9. Birthplace Maryland (Town, county, and state)	Due to.
10. Usual occupation Housewife	
11. Industry or business	Due to
E 12 Name Reverend A. B. Garland	Dither conditions.
13. Birthplace Cennsylvania	
14. Maiden name Sarah Bishop	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Bishap 15. Birthplace Pennsulvania	Major findings of operations.
16. Informant Memorial Hospital	Autopsy results De Le Of op.
Address Cumberland, Maryland	PIIYSICIAN: Please underling the cause to which death should be charged statistically.
Da ~ 10115	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removai. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Falls seed Mustgan em	Where did injury occur?
Location angles with them.	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address and and ma.	. als I Wing
19. Dea 5 18 45 Dos P. Franklin M	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 17.3.4

DEC 14 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

11799

	. /
Reg. Diat.	No

2411 N. Char	TE OF DEATH Reg. Diat. No4	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Coucty Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town Street No. 544 Green Street (If rural, give LOCATION) 2.(a) It veteran, name war.	
Baby boy Soethe	3. (b) Social Security Number	
4. Sex 5. Color or race Male Single Male Single	MEDICAL CERTIFICATION 20. DATE DF DEATH. December 24 19 45 21 7:15	
T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. 45 min	Immodifice case of death DURATION	
9. Birthplace Cumberland, Allegany Co., Maryland (Town, county, and state) 10. Usual occupation	Due to	
12. Name. Louis C. Soethe. 13. Sirthplace Cumberland, Md. 14. Malden name. Marian Emmart 15. Sirthplace West Virginia Davis	(Include pregnancy within a months of death)	
18. informant Louis C. Soethe	Date of op.	
Address 544. Greene St. Cumberland, Id. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. St. Peter & Paul Cemetery.	22. VIOLENCE: If death was due fo external causes, till in the following: Accident, suicide, or homicide	
Location Cumberland, Id. 18. Funeral director William H. Kight Address Cumberland, Id. 19. Address Cumberland, Id. 19. Address Registra	Injured at work?	

JAN 3 1043 BUFLA correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecution important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-01

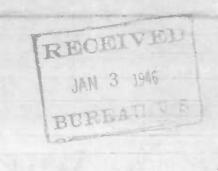
11800

DR. WILLIAMS

CERTIFICATE OF DEATH

4

V2111111111111111111111111111111111111	Reg. Dist. No.
1. PLACE OF DEATH: County A. LEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town CUMBERIAND (If outside city or town limits, write RURAL and give nearest town)	State MARYLAND County ALLEGANY
tow long in above place of death?	Street No. (If outside eity or town limits, while RUBAL and give needest sown)
tow tong in nospital of institution?	2.(c) If veteran, name war
MRS. FLORENCE Sommetheville	3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOWED	20. DATE OF DEATH
(6) Name of husband or wite WIIIIIAN Sommeration	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1 2 19 45, 10 12 27 19 4
Birth date of deceased (mo., day, yr.) Markenown 1872	and that I last saw had altre on
AGE: Years Months Days It less than one day	Immedia cance of death DURATION
73	
). BirthplaceMARYLAND	Para Is
(Town, county, and state)	. Due to
0. Usual occupation. AT THE COUNTY HOME	- Due to
11. industry or business	90c 10
12. Name. JOSEPH ANDREWS 13. Birthplace MARYLAND	Other conditions
t4. Majden name. ELTZABETH JONES	(Include pregnancy within 3 months of death)
t4. Malden name. ELIZABETH JONES. 15. Birthptace MARYLAND	Major findings of operations.
	- Date of op. A
6. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD.	Antopsy results. PHYSICIAN: Please underline the eause to which death should be charged statistically.
7 Burial Note thereof 12/24/45	22. VIOLENCE: it death was due to external causes, fift in the following:
7. Burial Date thereof 12/24/45 (Burial, eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Laures Hill Cemetery	Where did injury occur?
Location Lonaconing, Id.	Injured at home, farm, industry, public place (where?)
B. Funeral director William H. Kight	Mesns of injury Injured at work?
Address Cumberland, M.	met evin.
0 21 - 00 + 10.	23. SIGNATURE M. B. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	11 /14- 100 01 11/2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

		9.53	CERTIFICA	Reg. Diat. No	4
1. PLACE OF J	EATH: legany			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	Affect (Cale
Car	mberland			State Maryland county Alegana	4
City or town	lf outside eity or town lin	nits, write R	URAL and give nearest town)	Mt Compto	
How long in above pl	ace of death?	*************	***************************************	City or town	rest town)
Rospital, Institution.	or street address where d	eath occurred			
A	llegany Hosp		2×************************************	Street No(If rural, give LOCATION)	***************************************
How tong in hospita	or Institution?	1/2 ho	ur	2.(a) If veteran, name war	***************************************
3. (a) FULL NA		04		3. (b) Social Security	Number
	Edward			More	
4. Sex	5. Color or race	_	, married, widowed, or divorced	MEDICAL CERTIFICATION	1000
Male	White	sing.	16	20. DATE OF DEATH December 22 19.45	8:30 A
				21. I CERTIFY that death occurred on the date above stated; that I altended decea	ised from
		B.(c) If alive, give ageyears	and that I last saw h min alive on Decumber 22	1945
7. Birth date of deceased (mo., da	Decei	mber 7	. 1944		
	ars Months	Days	I if less than one day	Immediate canse of death	DURATION
0. 1.02.				totar Mumoria.	5 days.
1	0 1	15	hrsmin.		,
9. Birthplace	Cumberland (Town,	Md.		Due to	***************************************
	(Town, e	connty, and a	tate)		
1D. Usual occupatio	A			Due to.	
1t. Industry or busin	ness			DUE 10.	***************************************
		tevens		Other conditions	***************************************
t2. Name	Mary				
				(Include pregnency within 8 months of death)	
14. Malden nar	Dorothy	Wharto	<u>n</u>	Major findings of operations	
O AE Birtheless	Mary	land			
13. Birthplace	0/0	. / /	4	- Dale of op	
16. Informant	Chales	SI	even	Autopsy results	
Address	ml x	1-	m.l.	PHYSICIAN: Please nuderline the cause to which death should be charged	statistically.
Address	1,		011	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Dec	ion, or removal. Which?)	Dale there	(month) (day) (year)	Accident, suicide, or homicide	**********************
	116	7 +	(month) (day) (year)		
Cemetery or crem	atory	0		Where did injury occur?	(State)
Location	mit	La	rage md	Injured at home, farm, Industry, public place (where?)	
LVGE HOIL	00 () /	1	Means of Injury Injured at work?	
t6. Funeral directo	1 to save	X. X	the transfer of the same of th		
Address	9	osth	ung mel	23 SIGNATURE William E. Moseli	
100	12 11	0	1009 11. ma	M. D. c	or other
19. (Date rec'd by	. 2.2 19 45 registrar)		Registrar	Address Mr Jourge Med. Date signed.	12-22-4
12200000		-	4/		

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 105)

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CERTIFICATE OF DEATH

Reg. Dist. No...

City or town	CUMBERIAND. (If outside city or town limits, write RURAL and give nearest town) ove place of death? 15 minutes witton, or street address where death occurred: MEMORIAL HOSPITAL ospital or institution? 15 minutes		(If outside city or town limits, write RURAL and give nearest town Street No		
3. (a) FULL NAM	FLORENC	E REBECCA STEWART		3 (b) Social Security Number	
4. Sex FEMALE	5. Color or race WHITE	6.(a)Single, married, widowed, or divorced SINGLE		ERTIFICATION 2194521.42.30P.1	
7. Birth date of			22 see 19	2 rec 44 18	
8. AGE: Years	6	Days If less than one day 15min	Lampsgeal	Spesin	
11. Industry or busines 12. Name	STUDENT 5th. Gr 17FR RA	county, and state) rade elementary ANK STEWART 1, W.Va.	Due to		
14. Maiden name. 15. Birthplace F.	STEWART, lk Garden Walter	FLORENCE , W.Va. Stewart	Autopsy results.	Date of op.	
	lor removal. Which?)	Date thereof Dec . 26, 1945 (month) (day) (year)		uses, fill in the following;	
tocation Elk	Garden,	Hill Cemetery W.Va. harpless		(County) (State) here?)	
Address Blai	ine, W.Va	J. P. Franklin, M. Rogistra	23. SIGNATURE. G. E. //	7	

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Reg. Dist. No.....

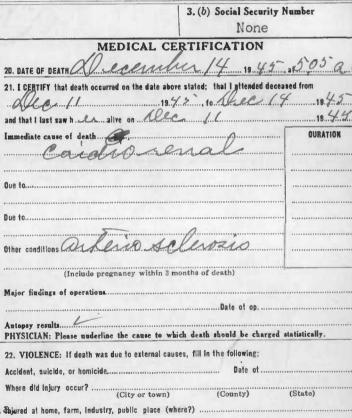
2411 N. Charles St., Baltimore 13/20

CERTIFICATE OF DEATH

1. PLACE OF DEATH: county. Allegany City or town. Near Cumberland, rural (if outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Bedford Road, R. F. D. #3	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Pennsylvania County Blair City or tawa Martinsburg (If outside city or town limits, write RURAL and give nearest town) Street No. R. D. #1 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3 (a) FULL NAME	3 (b) Social Security Number

Meens of Injury

0. (4)					
		Han	nah S.	Stonerook	
4. Sex	5. Co	or or race	6.(a)Singl	e, married, widowed, or divorced	
Female		White	Thite Widowed		
B.(b) Name of husban	d or wife	John	B. St	onerook	
7. Birth date of deceased (ma., day	, yr.)		ust 6,	e) If alive, give agey 1861	ears
8. AGE: Yes	178	Months	Bays	If less than one day	
81		4	8	hrs	min.
9. Birthplace Her		(Town	air Co county, and ewife	unty, Penna.	
11. Industry or busin	ess	Own	Home		
置 12. Name		William Glass			
12. Name			Н	enrietta, Penna	



MARGIN RESERVED FOR BINDING important. VS A15

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14. Maiden na 15. Birthplace

Address

every item of information carefully ite the causes of death clearly and

Date thereof Dec . 17, 1945 (month) (day) (year) Burial (Buriai, cremation, or removal, Which?) Mt. Pleasant Cem. R. F. D. #1, Martinsburg, Penn K. R. Miller 16. Funeral director..... Martinsburg, Penna.

R. F. D. #3. Cumberland, Md

Ray Glass

Elizabeth Stoudnour

Henrietta, Penna.

M. D. or other

Injured at work?

DEC 19 1945
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HIN CORPORATE LIMITS

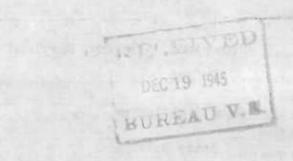
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 161-21

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CERTIFICA	TE OF DEATH Rog. Dist. No.
1. PLACE OF DEATH: County County City or town Cumberland, Maryland (If outside city or town limits, write PURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Allegany Hospital, Cumberland, Maryland How tong in hospital or institution? 6 hrs.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Cumberland, Maryland (If outside city or town limits, write RURAL and give nearest town) Street Ho. (If rural, give LOCATION) 2.(a) If veteran, name war.
John: & Stottlenger Ja	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marked, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 6. hrs. min. 9. Birthplace Cumberland, Allegany, Maryland (Town, Sunty, and state) 10. Usual occupation. 11. Industry or business 12. Name John Stottlesyer 13. Birthplace Betty Bolinger	and that I last saw have allve on the same of death and the last saw have allve on the last saw have all the last saw have
15. Birthplace 18. Informant Address 17. Bureau Date thereof (month) (day) (year) Cemetery or crematory Cemetery or crematory	Major fiadings of operations
18. Funeral director Atmo Stein Dasc Address 18. Quec 14. 1945 J. F. Erauplin M. A. (Date rec'd by registrar) Registrar	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE. M. D. or other Address. Address. Address.



MARYLAND STATE DEPARTMENT OF HEALTH

1	4.	O	U	R

ERTIFICATE	OF	DEATH
	-	

Outside of	Bovers	2411 N. Ch	DEPARTMENT OF HEALTH narles St., Baltimore ATE OF DEATH	11805
death clearly and legibly. 1. PLAC. Generally. How long in Hospital, in Lieuw. How long In Month of the Correct of the Cor	above place of death?	mits, write RURAL and give nearest town) VERY S death occurred: EV 10 7 d "Ross" 5 + rong	(If outside city or town limi Streel No. The Z. (If rural, giv 2.(a) if veteran, name war.	ts, write RURAL and give nearest town) LOCATION 3. (b) Social Security Number
WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes in the interpretation of items of items. MOTHER FATHER 17 18 19 19 19 19 19 19 19	of husband or wifs In second or wifs In secon	Days If less than one day 22 hrs. Id. county, and state) eeper home 35 ree4, Md. Wilson 3 Broneh strong mberland, Md.	2D. DATE DF DEATH	Duration Durati

DEC 26 1945

WITHIN CORPORATE LIMITS

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CEDTIFICATE OF DEATH

11806 4

CLRTIFICAT	Reg. Dist. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County ALILEGANY	(For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State MARYIAND County ALLIEGANY		
How long in above place of death? 13. Years	City or town CITALLERIAND (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or streel eddress where death occurred:	Street No. ALLEG. CO. HOME		
Lemorial Hospital	(If rural, give LOCATION)		
llow long in hospital or institution? 1.4 DAYS	2.(a) If veteran, name war.		
3. (a) FULL NAME 3. (b) Social Security Numb			
HARRY TOWNSEND	None		
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE WIDOWED	20. DATE OF DEATH. 12 - 15 45 at 1400		
6.(6) Name of husband or wife. Thersa Lownsend	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from		
	19.72, 10. 12-19-19.45		
7. Birth dale of deceased (mo., day, yr.) rebruary 7 1868	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cruse of death DURATION		
77 10 7hrsmin.			
9. Birthplace Lancaster Co, Penna (Town, county, and state)	Benga		
1D. Usual occupation Labor			
	Due to.		
11. Industry or business Savmill			
12. Name JOHN TOWNSHID	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name. ELIZA SOWERS 15. Birtholace Lancaster Co, Pa	Major findings of operations		
,	Date of op, Morre		
16. latermani H. W. latheney, Sunt County Informary	Antopsy results		
Address Cumberland, Ad.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial Dale thereof 12/11/45 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Allegany County Cemetery	Where did injury occur?		
LocationCumberland, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director. William H. Right	Means of injury Injured at work?		
Address Gumber land.	N-t- Missi		
Audiess (Later Later) And (1 10-5)	23. SIGNATURE D. M. Phangther		
19. Alel. 19 45 Jos. J. Tlandles (Date rec'd by registrar) Registrar	introd lamberland Date stened /2-10.40		

DEC 19 1945 FUREAU Within corporate limits Eliason

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ormation carefully. The c death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

ARTMENT OF HEALTH St., Baltimore (S)	11807	
E OF DEATH	Rog. Diat. No.	
2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
State Maryland Count	Allegany	
City or town Cumberlan		
Street No. 713 Lincoln (If rural, give I		
2.(a) It veteran, name war		
	3. (b) Social Security Number	
	None	
MEDICAL CE	RTIFICATION	
20, DATE OF DEATH December 26	, 45 ,6:55 P	
21. I CERTIFY that death occurred on the date above	estated; that I attended deceased from	

1. PLACE OF DEATH: Allegany Cumberland, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, institution, or street address where death occurred: Memorial Hospital 13 days How long in hospital or institution? 3. (a) FULL NAME Mr. Charles W. Tupper 6.(a) Single, married, widowed, or divorced 5. Color or race Male White Widowed Myrta Wheat B.(b) Name of husband or S.(c) If ative, give age 1863 November deceased (mo., day, yr.) It less than one day 8. AGE: Years Days 82 4 New York (Town, county, and state) Retired 10. Usual occupation 11. Industry or business John Tupper New York 13. Birtholace 14. Malden na 15. Birthplace Lydia Fairbrother 14. Malden name New York Memorial Hospital 16. Informant ... Cumberland, Maryland Address (Burial, cremation, or removal. Which? Cemetery or crematory Charles I Cumberland

20, DATE DF DEATH December	26,	19.45	6:55
21. I CERTIFY that death occurred on the da	te above stat	ted; that I attended dece	ged from 45
and that I last saw h Alt alive on		× . 3	1941
Impediate case of death	gree	rul5	DURATION 5 3/2
Lefter &	efs	ut5	zyn
Due to. The Se	ler	ر س	10h
Due to			
Other conditions	•••••		
(Include pregnancy with	nin 3 month	a of death)	
Major findings of operations		Dala at an	

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(County)

Injured at work?

22. VIOLENCE: It death was due to external causes, fill in the following:

(City or town)

Accident, suicide, or homicide.....

Injured at home, farm, Industry, Jublic place (where?)

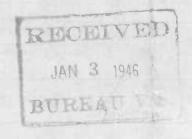
Where did injury occur?

Means of Injury

23. SIGNATUR

Registrar

SE WRITE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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No.		7	81	10	11
	-	4	OL	175	4
D		Dia	+ NI		/

CERTIFICAT	TE OF DEATH Reg. Dist. No. 9
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
MR JOHN H. TWIGG	None
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF OEATHDECEMBER 5 1.945
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from 19
deceased (mo., day, yr.) MAY 41 1864	Immediate over Af death DURATION
8. AGE: Years Months Days If less than one day	Brown
9. Birthplace	Oue to.
12 Name JOHN TWIGG 13. Birthplace MD.	Other conditions
H 14. Malden name MASIE TWIGG 15. Birthplace MD	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
16. Informant MEMORIAL HOSPITAL Address CUMBERLAND MD. 17. Burial Date thereof Dec. 7,1945 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Allegany Cemetery Location Frostburg, Md, 18. Funeral director Charles L. George Address Cumberland, Md. 19. Dec. (2, 1945) (Date rec'd by registrar) Registrar	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maans of injury injured at work? 23. SIGNATORE M. D. Other Address.

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PLEASE WRITE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC14 1945 BUREAU V.B. CORPORATE AUMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-4

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		AIL.		FF. A	

CERTIFICAT	TE OF DEATH Reg. Diat. No. 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanty give residence of mother) State
3.(a) FULL NAME Charles Elmer	Valentine 3. (b) Social Security Number
4. Sox 5. Color or race (a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 3, 1945 21 /1:30 Am
8.(b) Name of husband or wife. Mary E. Krouse S.(c) If allive, give age years 7. Birth date of deceased (mo., day, yr.) Jan 1 1 1878	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19. 45. to 18. 45. and that I last saw h
8. AGE: Years Counts Days If less than one day (7 / 0 2 Zhrsmln. 9. Birthplace Cumbelland Ollegany Co, Und	Immediato cause of death. Chronic mejocordites yes Oue to
10. Usual occupation. Celling the state of t	Bye to
14. Maiden name Rebesca Roming Valentine. 15. Birthplace Harrisburg Par	(Include pregnancy within 8 months of death) Major fiadings ol operations.
16. Informant Paramond Valentine Address 63 2 Elim St Cumberland 74	Autopsy results
17. Burial, cremation, or removed. Which? Cemetery or crematory. Date thereof. D. C. (month) (Jay) (year)	Accident, suicide, or homicide
18. Funeral director	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. Dec. 5, 1845 Jos. P. Tranklin M. D. (Date rec'd by registrar)	23. SIGNATORE M. D. or other Addresselections Date Signed 5-45

VS A15

PLEASE.

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The correct age. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF.

DEC14 1945 BUREAU V.S. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

BINDING

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MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

×	Reg. Dist.	No
DE	CEASED:	

71010

	Nog. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For the whom infants give residence of mother)
County.	State Grassland County Allesany
City or town	16 1.0 0
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Alligary Arshital	Street No. 7.7 6 Single LOCATION)
How long in hospital or institution? 15 minutes	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John George Wagner	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P.
male White Widomed	20. DATE OF DEATH December 13th., 19.45 at 9.50 M
6.(b) Name of husband or wife Catherine & Lendinger	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.6 If alive, give ageyears	, to
7. Birth date of deceased (mo., day, yr.) 19 1873	and that last saw halive on
8. AGE: Years Months Days If less than one day	Immediate case of death
72 - 24hrsmin.	Fractured skull, left temporal 20 min
9. Birthplace (Town, county, and state)	region. 20 min.
10. Usual occupation Returned Res Mysher	
11. Industry or business	Due to
12. Name	Diher conditions
	(Include pregnancy within 3 months of death)
HE 14. Malden name Softia Mannal 15. Birthplace	Major findings of operations no operation
15, Birthplace	Date of op.
Address Combestand.	Antopsy results
Address 17 Burial Date thereot (month) (day) (year)	22 VIOLENCE: It death was due to external causes, till in the following: Under investigation Accident, suicide, or homicide. Accident, suicide, or homicide.
Cemetery or crematory.	Where did injury occur? Cumberland, Allegany, Md. (City or town) (County) (State)
Location A Completand	Injured at home, tarm, industry, public place (where?)
18. Funeral director dosnio Stein Jan	Meens of injury Struck by truck injured at work? NO
Address Company	23 SIGNATURE PLANSA H. DOTA ON THE D
19 Alc. 15 1945 Jos. F. Osanklin, M. D. (Date rec'd by registrar) Registrar	Cumberland, Maryland, M.D. or other
(Date fee d by fegistral)	Address Date signed

Registrar Address.....

DEC 19 1945 BUREAU V S

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Foh nowborn infants give residence of mother)
City or town. (If outside city or town lightly, write RURAL and give nearest town)	State Mary Gunty County County
(If outside city or town limits, write RURAL and give nearest town)	City or town
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Coloret Walker	3. (b) Social Security Number
Male Othite Andowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Secret 1945 at 5:05 P. N
B. (b) Name of husband or wife Salazale the Smarth	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) May 5, 186/	and that I last saw h
8. AGE: Years Months Days It less than one day 24 6 26	Immediate cause of death OURATION Replication Ouranica DURATION
9. Birthplace Scatland (Town, county, and state)	Due to
10. Usual occupation Explorer Product Corp Setter	Due to
12. Name Savid Walker 1 13. Birthplace Scotland	Other conditions.
14. Maiden name Unknown 15. Birthpiace Surfanomn	(Include pregnancy within 8 months of death) Major findings of operations.
\$ 15. Birthplace Supervivor	Date of op.
18. Intermant A Set Italkes	Antopsy results
Address Setwit, Rich	
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Alexander	Where did injury occur?
Location The Destate of the Land of the first of the firs	Injured at home, farm, industry, public place (where?)
18. Funeral director Synchia Colonia State C	Means of Injury Injured at work?
Address Lanacyning, Md	23. SIGNATURE June M. D. or other
19. (Date rec'd hy registrar) Registrar	

DEC 8 1945
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correct age

ADING INK. Supply every item of information carefully, The or Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 469

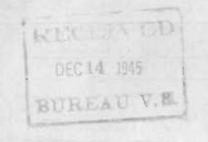
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CERTIFI	CATE OF DEATH Reg. Dist. No4
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town	Sigh Maryland County Allegany
(If outside city or town limits, write KUKAL and give nearest town limits and limits are supplied to the limits of	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Allegany Hospital	Sireef No. Rt. No. 1 Braddock Farms
	(If rural, give LOCATION)
How long in hospital or institution? 4 Days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. John W. Walter	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH December 18th 19 45 at 7:00P.
6.(b) Name of husband or wife Mary A. Norris 6.(c) If allve, give age 69 7. Birth dafe of deceased (mo., day, yr.) April 10, 1874	21. I CERTIFY that death occurred on the date above stated, that fittended deceased from 19. I so that fitte
8. AGE: Years Months Days If less than one day	Immediate causos de death DURATION DURATION
71 8 8hrs.	
9. Sirthplace Pennsylvania (Town, county, and state) 10. Usual occupation Pensioned	Due to lare how a of the
11. Industry or business B. & O. Railroad	Due to
	Other conditions My lands aparts a
Francis Walter Later Unknown	Office Controllers
	(Include pregnancy within 3 months of death)
14. Malden name Larina Judy 15. Birthulace Unknown	Major findings of operations
Mrs Lula Hughes	Date of op.
16. Informant R. D. #1 Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Additor	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Dec. 22 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (yes	Accident, suicide, or homicide
Garrett Cemeterv	Where did injury occur?
Carrett Penna	(City or town) (County) (State)
Charles L. George	Msans of Injury / Injured at work?
18. Funeral director	Air la Air
Address Cumberland, Md.	23. SIGNATURE This abets of Trings M.D
19 Dec 20 19 45 J. A. Osauklin, M. (Date ree'd by registrat)	gistrar Address Roughud bate signed 12/12

DEC 26 1945 BURBAU V.B.

MADVIAND STATE DEDADTMENT OF HEALTH

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in Eim	its CERTIFICAT	TE OF DEATH Reg. Dist. No
information carefully. The corol death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
formatic death	2 (a) FILL NAME	3. (b) Social Security Number
BINDING ry item of the causes	4. Sex Jenuale White Widowed, or divorced B. (b) Name of husband or wife. B. (c) If alive, give age	MEDICAL CERTIFICATION 2D. DATE DF DEATH December 3 19.45 at 1.67 P. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.5 and that I last saw h 2. alive on 2. 19.5
RVED FOR Supply please wri	deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 8. Birthplace Roelsungland County (Town, county, and state)	Immediate correct of death DURATION Correct Memorital Tology Due to
MARGIN RESE WITH UNFADING INK important. Physicians:	10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. The state of the	Diher conditions (Include pregnancy within 3 months of death)
>	16. Interment Mars War Of Mc Elfish Address Route 2 Cumberland Ind	Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
SEWRITE PLAINLY is especiall	17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Unt. Clusters Message Council The survey of the council of the co	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
A15 EASE WR	18. Funeral director. Address Location Mean Harmsonburg de la feur de la fe	Means of Injury Means of Injury Injured at work? 23. SIGNATURE. A Pricewaske's M. D.
0 1	10 m 5 11 11 11 mbs. All 31.	M. D. or other

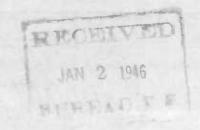


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(If rural, give LOCATION) 3. (b) Social Security Number DURATION (Include pregnancy within 3 months of death)

(County)

injured at work?



MARYLAND STATE DEPARTMENT OF HEALTH

11815

M. D. or other

Date signed.

Mos

			CERTIFICA	ATE OF DEATI	H	Reg. Dist. No	4
1. PLACE OF				2. USUAL RESIDENC	E (HOME) 0	F DECEASED:	
County 91	egany	/	***************************************	(For newborn infant			
City or town	If outside city or town	limits, write RURAL a	nd give nearest town)	State	/	nty 17/1egany	
How long in above p	ace of death?	**************************		City or town(If outside	e city or town limits	, write RURAL end give n	earcst town)
	or street address where			Street No		************************************	******************
7	any Hospe		***************************************	•••	(If rural, give	LOCATION)	
	or Institution?		***************************************	2.(a) If veteran, name war		•••••••••••••••••••••••••••••••••••••••	*****************
3. (a) FULL NA	Norma	n Solom	non Yoder			3. (b) Social Security	y Number
4. Sex	5. Color or race		, widowed, or divorced	I	MEDICAL CE	ERTIFICATION	
77	W	Marrie	e d	20. DATE OF DEATH Dea	cember	3,19.4.5	et //:20
6.(b) Name of husba	nd or wife			21. I CERTIFY that death occ		ve stated; that attended dec	ceased from
7. Birth date of	7		give age 63 ye	and that I last saw h	alive on Dec	ember 3	19.5
deceased (mo., da	y, yr.) danua		s than one day	Immediate cause of death			DURATIO
b. Adl.	70 10		hrs m		Colonary	tuluno	ou d
Birthplace	Farrett Co,	county, and state)		Due to erlur	xlumi		****
). Usual occupatio	Tetired	farmer					
11. Industry or bush	less General	farmin	a	Vue to	. + • • • • • • • • • • • • • • • • • •		****
~!	colomon		J	··· Other conditions			***
13. Birthplace	A	revour					***************************************
至 14. Maiden nai	cather	/	z. y	(Include p	regnancy within 8 m	nonths of death)	
14. Maiden nai	Pocohont	,	V	Major findings of operation		<i></i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	111 11	,				Bate of op	
1B. Informant	,		/	PHYSICIAN: Please under		ich death should be charge	d statistically.
Address 77	/ ,	erland,	70	22. VIOLENCE: If death wa	as due to external caus	ses, fill in the following:	
17 Bur	on, or removal. Which?	Oate thereof	month) (day) (year)				*****************
	atory Sennes	, / -	/	Where did injury occur?			,
	_ /	, /	7			(County) ere?)	(State)
Location	17 to	1	•••••	Means of Injury	try, public spiace (wh	Injured at work?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1B. Funeral directo	total	Hagu	<u></u>	or indexit	1 11.	> //.)	
Address Car	whelen	Myor.	1		6 Mu	- (141)	

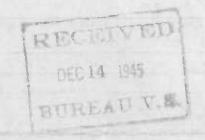
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PLEASE

(Date rec'd hy registrar)

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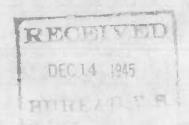
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1	181	6
eg. Dist.	No	9

OTTO	O TETT	A PERSON	OH	Th 27 4	CTT V
CERT		$\Delta \cap \mathbb{H}$		1334 4	A I H

I. PLACE OF DEATH:	(For newborn infants give residence of mother)
County	man land (1000 and)
(If outside city or town limits, write RUIM and give nearest town)	State County County
	City or town
How long in above place of death?	
meneral hospital	Street No. 6 5 4 100 AV
(Y'. //- lb a/	(If rural rive LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Denjamen deroy	1 Xarger 214-07-4830
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mala lufth mark	4
Made White Morried	20. DATE OF DEATH DECEMBER // 19 45 at /0; 30 M
6.(b) Name of husband or wife. Mary Parger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
11/1/51	august 1 19.45 10 Dec. 11 19.45
7. Birth date of Communication of Commun	and that I las Daw h / M alive on December 11 19 45.
deceased (mo., day, yr.) Oprel 1893	
8. AGE: Years Months Days If less than one day	7-1
52 17 23hrsmin.	Cucinoma o sumacto
OF I TO THE MERITAGE	
9. Birthplace (Town, county, and state)	Due to Chame Mepleries
All the stall was box	<i>f</i>
10. Usual occupation. A heel mela worker	Oue to
11. Industry or business Celanese Corps.	
12. Name Benjamin Barger	Other conditions
13, Birthplace / Remasser nia	
E. I. S. Birminate	(Include pregnancy within 8 months of death)
置 14. Maiden name	Major findings of operations.
2 15. Birthplace, Technologicanea,	Date of op.
1 0 0 00	
16. informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Www. Rand Md.	
17 Buriel Oate there Olec. 14, 1945	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(1) al, cremation, or removal. Which?) Uate there (month) (max) (month)	Accident, suicide, or homicide
Cemetery or crematory allegany Chicelery	Where did injury occur? (City op town) (County) (State)
Frather my	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury tnjured at work?
18. Funeral director.	Means of injury
Address Etrathing md.	all. M. II m. O.
	23. SIGNATURE M, D, or other
19 10-12 1945 MIJ. Nacilla H. Rue	FaxeThurs ml. 12/12/40
(Dato rec'd by registrar) Registrar	Address J. O. S. L. L. G. Date signed

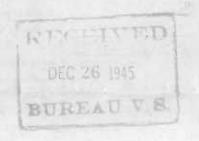


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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	arles St., Baltimore	
CERTIFICA	ATE OF DEATH Reg. Diat. No4	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY ALLEGANY	(For newborn infants give residence of mother) State MARYLAND County ALLIGANY	
City or town. CJUBERIAND (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	the state of the s	
MEMORIAL HOSPITAL	Street No. 325 HOLLAND ST.,	
How long in hospital or institution? 2. DAYS	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
MRS. GRACE ZEMBOWER	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
FEMALE WHITE MARRIED	20. DEC 18 14.5 273.	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased trop	
	ars 2 - 6 - 19 5, to 12 - 18	
7. Birth date of deceased (mo., day, yr.) FEB 23, 1880	and that I last saw h	
8. AGE: Years Months Oays It less than one day	Immenate cause of death	
65 9 25hrs. mi	in Chronic Muse and al	
9. Birthplace FENNA (Town, county, and state)	Distrettes the	
(Town, county, and state)	Mellitus	
11. Industry or business	Oue to	
E 12. Name FRANK KELLY 13. Birthplace PENNA.	Other conditions	
14. Maiden name	(Include pregnancy within 8 months of death)	
14. Maiden name MARTHA HITE 15. Birthplace PENNA.	Major findings of operations	
16. tnformant MEMORIAL HOSPITAL	Autopay results. The Grant Control of the Control o	
Address CUMBERLAND, MD.	PHYSICIAN: Please underline the cause to which death should be charged statistics	
	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
17. Burial Date thereof Dec. 20'45 (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cema	Where did injury occur?	
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Louis Stein Inc.	Meens of Injury Injured at work?	
18. Funeral director		



information carefully. The confident of death clearly and legibly.

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

WRITE PLAINLY, is especially

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98.0

11818

CERTIFICATE OF DEATH

CHRITICA	Reg. Diat. No.
1. PLACE OF DEATH: County allegans	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Md County allegang
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 508 W. Wechanic St
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Mrs Margaret an	n Zink 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married Midowed, or divorced	MEDICAL CERTIFICATION
Jemale Will Widowed	20. DATE OF DEATH December 3, 1945, at M
6.(b) Name of husband or wife	21. I CERTIFY that death occurrence the date above stated; that indiended deceased from
7. Birth date of deceased (mo., day, yr.) Sel-13, 1872	and that I last saw h. L. alive on // / 5
deceased (mo., day, yr.) 3 20 3, 18/2 8. AGE: Years Months Days If less than one day	Immediate caose of deathy
73 9 20hrsmin.	
9. Birthpiace Frostling allegan Co, Zud	Due to My yrear of apartia
10, Usual occupation	arleri osellistie
11. Industry or business at Your	Oue fo
12. Name Edistan Selver	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Gerlael.	Major fiedings of operations
15. Sirthplace germany	Date of op.
Address 508 M. Weel and Fluid M.	Autopsy results
	22. VIOLENCE: It death was due to external causes, till in the following;
(Buriai, cremation, or removal. Which?) Dafe thereof December 6, 1945. (mooth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Statutals Saulifican	Where did injury occur?
Location Currellelland, U. d.	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Means of injury Injured at work?
Address Omberland tud	23. SIGNATURE Plys abet Trups 4.0
19. All. 5 19. 45 Joo. Tranklin Registrar	Address. X Rup W.D. or general 14/4

DEC14 1945 BURLAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

			0
			V
-	Dist	No	

Md . / Date eigned / 2/24

	Reg. Diat. No
1. PLACE OF DEATH: County. City or town. (If outside city or town lamits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Minzes How long in hospital or institution? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (It outside city optown-limity, write RURAL and give negrest town) Street No. (If rufai, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME MRS. MARY ZUMPANO	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced termule married married	MEDICAL CERTIFICATION 20. DATE OF DEATH. DECEMBER 24 19.45 at 3:11 P.
8. (b) Name of husband or wife. 8. (c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DEC. 11. 19. 45., to DEC. 24. 19. 43. and that I last saw h. E.R. alive on DEC. 24. 19. 43. Immediate cause of death. DURATION CARDIAE FAILURE WITH.
9. Birthplace (Towy, county, and state) 10. Usual occupation (Towy, county, and state)	Due to
12. Name 12. Name 14. Malden name 12. Casus 15. Birthplace 14. Malden name 15. Birthplace 15. Birthplace	Other conditions
16. Informant	Autopsy results
Address Sect S. T. Maria M.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location	Injured et home, farm, Industry, public place (where?)
19. 12-26 1945 Mes-Aaucy A-Roe Registrar	23. SIGNATURE John Mansella Address 1 E. Main St. Prosting M. D. or other 12/24/41

ADING INK. Supply every item of information carefully. The correct age. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH UNA

PLEASE WRITE

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